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Florida Department of State
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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
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TALLAHASSEE, FLORIDA

ALIEN REGISTERED AGENT DESIGNATION
Arrow Pharm (Matla) Limited

Certificate of Status	0
Certified Copy	1
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OCT -4 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arrow Pharm (Malta) Limited
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ilona F. Bush
(Name of Person)

Watson Pharmaceuticals, Inc.
(Firm/Company)

311 Bonnie Circle
(Address)

Corona, CA 92880
(City/State and Zip Code)

For further information concerning this matter, please call:

Ilona F. Bush at (951) 493-5579
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certified Copy

INHS24 (08/05)

**DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR
ALIEN BUSINESS ORGANIZATION**

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. Arrow Pharm (Malta) Limited
(Name of alien business organization)

2. Malta (State or country under which entity is organized) 3. 98-0652185
(FEI Number, if applicable)

4. 57, St. Christopher Street, Valetta, VLT 1462, Malta
(Principal office address)

5. Name and Florida Street address of registered agent.
CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

6. The street address of the registered office and the street address of the business office of the registered agent are identical.

7. 
(Signature of chairman, vice chairman, or officer)

8. David A. Buchen, director
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

Connie Bryan 10/3/2012
(Registered agent accepting appointment) Assistant Secretary (Date)

THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35

Make checks payable to Florida Department of State and mail to:
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS24 (08/05)

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