

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pragma Pharmaceuticals, LLC
(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:

John D'Angelo
(Name of Person)

Pragma Pharmaceuticals, LLC
(Firm/Company)

134 Birch Hill Road
(Address)

Locust Valley, NY 11560
(City/State and Zip Code)

For further information concerning this matter, please call:

John D'Angelo at (200) 5978
(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

FILED
15 FEB -3 AM 11:26
SECOND FLORIDA
TALLAHASSEE

**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. Pragma Pharmaceuticals, LLC
(Name of alien business organization)
2. New York 3. 46-2592832
(State or country under which entity is organized) (FEI Number, if applicable)
4. 134 Birch Hill Road, Locust Valley NY 11560
(Principal office address)

5. Name and Florida Street address of registered agent.

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

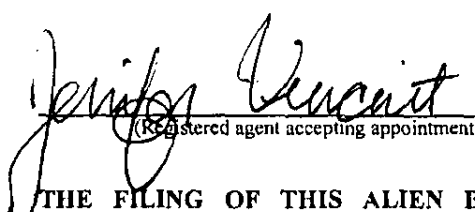
6. The street address of the registered office and the street address of the business office of the registered agent are identical.

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

8. Janet DellaFera, CEO
(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.

 Jenifer Vincent
(Registered agent accepting appointment) Vice President & Assistant Secretary 1/12/15
(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