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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

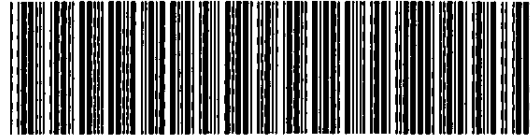
(Business Entity Name)

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G. HARVEY
FEB 10
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMS Pharmaceutical Group, Inc.
(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:

Susie Hennegan
(Name of Person)

DMS Pharmaceutical Group, Inc.
(Firm/Company)

810 Busse Highway
(Address)

Park Ridge, IL 60068
(City/State and Zip Code)

STATE OF FLORIDA
TALLAHASSEE

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For further information concerning this matter, please call:

Susie Hennegan at (847) 518-1100
(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

**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. DMS Pharmaceutical Group, Inc.
(Name of alien business organization)
2. Illinois (State or country under which entity is organized)
3. 36-4021692 (FEI Number, if applicable)
4. 810 Busse Highway, Park Ridge, IL 60068
(Principal office address)

5. Name and Florida Street address of registered agent.

InCorp Services, Inc.

17888 67th Court North

Loxahatchee, FL 33470

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

7. Susan B. Hennegan
(Signature of chairman, vice chairman, or officer)

8. Vice President
(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.

K. Blom on behalf of
InCorp Services, Inc.
(Registered agent accepting appointment)

1/15/2015
(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**

15 FEB 10 PM 3:37
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ATTACHED
FILED