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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

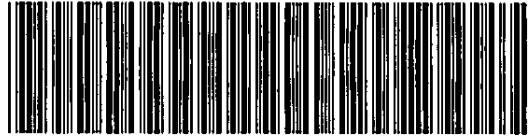
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
AUG 12 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alvix Laboratories, 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:

Jennifer Schneider
(Name of Person)

State License Servicing
(Firm/Company)

1751 State Route 17A, Suite 3
(Address)

Florida, NY 10921
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Schneider at (845) 544-2482
(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. Alvix Laboratories, LLC
(Name of alien business organization)

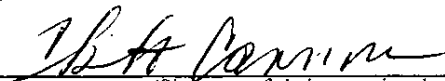
2. Mississippi 3. 20-2785944
(State or country under which entity is organized) (FEI Number, if applicable)

4. 6601 Sunplex Drive, Ocean Springs, MS 39564
(Principal office address)

5. Name and Florida Street address of registered agent.

Incorp Services, Inc.
17888 67th Court North
Loxahatchee, FL 33470

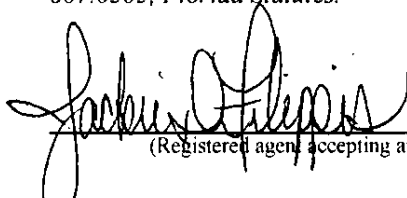
6. The street address of the registered office and the street address of the business office of the registered agent are identical.

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

8. Christine Cannon Attorney-in-Fact on behalf of Crystal Penney, CEO of Alvix Laboratories, LLC
(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.

 Jackie DeFilippis on behalf of InCorp Services, Inc. 08/03/2016
(Registered agent accepting appointment) (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**

FILED
2016 AUG 11 AM 11:11
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

ALVIX LABORATORIES, LLC

Registered the 20th day of June, 2005

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

996 N. Halstead Road
Ocean Springs, MS 39564

And that the registered agent at that address is:

Levi, Dempsey

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 29th day of July, 2016

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN16026341

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>

LIMITED POWER OF ATTORNEY

BE IT KNOWN, that Crystal L. Penney of Aliv Laboratories, LLC with principal offices at 1411 S. Highway Dr., Ocean Springs, MS 38869 in the capacity of CEO has made and appointed, and by these presents does make and appoint Christine Cannon of State License Servicing Inc., 1751 State Rte. 17A, Suite 3, Florida, NY 10921, true and lawful attorney-in-fact for her and in her name, place and stead, for the following specific and limited purposes only:

Application, servicing and renewals of all state licenses, permits, business licenses, foreign qualifications, and drug and device product registrations required for Aliv Laboratories, LLC to operate as a manufacturer and/or wholesale distributor in all states, as required. This Power of Attorney specifically precludes and limits State License Servicing Inc.'s power and authority from receiving, answering or defending any complaint or disciplinary action against Aliv Laboratories, LLC by any state or federal authority, but giving and granting said attorney, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if I were personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof. This Power of Attorney does does not name State License Servicing Inc as Representative Agent in Puerto Rico on behalf of Aliv Laboratories, LLC to act in the capacity of representative agent as defined by Puerto Rico law. State License Servicing will act as a liaison only in Puerto Rico, at no time will have possession of any drugs, and will file and process paperwork only.

IN WITNESS WHEREOF, I have hereunto set my hand and seal

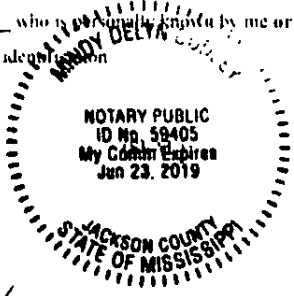
this 14 day of June, 2016.

Crystal Penney

State of MS
County of Winston

The foregoing instrument subscribed and sworn to before me this 14th day of June, 2016 by Crystal L. Penney who is personally known to me or who has produced Crystal L. Penney as identification

Mandy Delta
Notary Public
State of MS
My Commission Expires Jan 23, 2019



Christine Cannon
Accepted: Christine Cannon, Attorney-in-Fact

Date: 7/29/16