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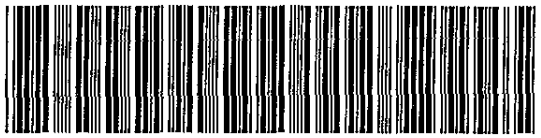

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04/18/03--01066--006 **78.75

(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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CUBIST
PHARMACEUTICALS

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LAW DEPARTMENT

April 15, 2003

VIA FIRST CLASS MAIL

Florida Secretary of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Cubist Pharmaceuticals, Inc. – Application by Foreign Corporation for Authorization to Transact Business in Florida

Dear Sir or Madam:

In connection with the above, enclosed please find the following:

1. Complete and fully executed original of the above-referenced form;
2. Transmittal Letter;
3. List of Officers and Directors;
4. Certified copy of the Articles of Incorporation from the state of Delaware; and
5. Check number 038242 in the amount of $78.75.

If you have any questions or require further information, please do not hesitate to contact me at the number given below.

Very truly yours,

Shannon Shippie
Paralegal

SLS/s
Enclosures
cc: Christopher D.T. Guiffre

65 Hayden Avenue, Lexington, MA 02421 P 781.860.8660 F 781.861.0566 www.cubist.com

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cubist Pharmaceuticals, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Christopher D.T. Guiffre, Esq.
(Name of Person)

Cubist Pharmaceuticals, Inc.
(Firm/Company)

65 Hayden Avenue
(Address)

Lexington, MA 02421
(City/State and Zip code)

For further information concerning this matter, please call:

Shannon Shippie at (781) 860-8469
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☒ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Cubist Pharmaceuticals, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. May 1, 1992
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 65 Hayden Avenue, Lexington, MA 02421
(Principal office address)

Same as above
(Current mailing address)

8. Sale and manufacture of pharmaceuticals
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road,

Plantation, (City), Florida 33324 (Zip code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: _____
(Registered agent's signature)

SALVINA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Cubist Pharmaceuticals, Inc.
Officers and Directors

Chairman		
Dr. Scott M. Rocklage Cubist Pharmaceuticals, Inc. 65 Hayden Avenue Lexington, MA 02421		
DIRECTORS		
Dr. Barry M. Bloom 43 Mackintosh Road Lyme, CT 06371	Dr. David W. Martin, Jr. ***After April 1, 2003*** 281 Chestnut Street San Francisco, CA 94133	Mr. Walter R. Maupay 16 Dunes Row Amelia Island, FL 32034
Mr. John K. Clarke Cardinal Health Partners 221 Nassau Street Princeton, NJ 08542	Dr. John L. Zabriskie 282 Beacon Street Boston, MA 02116	Ms. Susan B. Bayh ***Effective April 1, 2003*** 5170 Tilden Street, NW. Washington, DC 20016
OFFICERS		
President	***Treasurer***	***Secretary***
Mr. Michael W. Bonney Cubist Pharmaceuticals, Inc. 65 Hayden Avenue Lexington, MA 02421	Mr. Stuart H. Sohn Cubist Pharmaceuticals, Inc. 65 Hayden Avenue Lexington, MA 02421	Mr. Christopher D.T. Guiffre Cubist Pharmaceuticals, Inc. 65 Hayden Avenue Lexington, MA 02421
Senior Vice President	***Vice President***	***Assistant Treasurer***
Mr. David W.J. McGirr Cubist Pharmaceuticals, Inc. 65 Hayden Avenue Lexington, MA 02421	Mr. Christopher D.T. Guiffre Cubist Pharmaceuticals, Inc. 65 Hayden Avenue Lexington, MA 02421	Mr. David W.J. McGirr Cubist Pharmaceuticals, Inc. 65 Hayden Avenue Lexington, MA 02421
Assistant Treasurer	***Assistant Secretary***	***Assistant Secretary***
Mr. Christopher D.T. Guiffre Cubist Pharmaceuticals, Inc. 65 Hayden Avenue Lexington, MA 02421	Mr. David W.J. McGirr Cubist Pharmaceuticals, Inc. 65 Hayden Avenue Lexington, MA 02421	Mr. Justin P. Morreale Bingham McCutchen 150 Federal Street Boston, MA 02110
Assistant Secretary		
Mr. Julio E. Vega Bingham McCutchen 150 Federal Street Boston, MA 02110		

12. **Names and business addresses of officers and/or directors:**

A. DIRECTORS

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TALLAHASSEE, FLORIDA

Chairman: See Attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Christopher D.T. Guiffre, Secretary
(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CUBIST PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF APRIL, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CUBIST PHARMACEUTICALS, INC." WAS INCORPORATED ON THE FIRST DAY OF MAY, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

2296420 8300

030223588

AUTHENTICATION: 2348730

DATE: 04-04-03