

B
9

F050000003609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

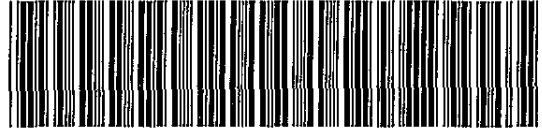
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status _____

Special Instructions to Filing Officer:
4/14 FPC

Office Use Only



800054663648

06/14/05--01023--011 **78.75

M. HODGES

FILED
05 JUN 15 PM 3:52

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Voyager Pharmaceutical Corporation
(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:

Philip S. Mehall, Esq.
(Name of Person)

Mehall I Associates, PLLC
(Firm/Company)

155 Fleet Street
(Address)

Portsmouth, NH 03801
(City/State and Zip code)

For further information concerning this matter, please call:

Philip S. Mehall at (603) 766-1990
(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

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. Voyager Pharmaceutical Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

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

3. _____

(FEI number, if applicable)

4. February 27, 2001

(Date of incorporation)

5. Perpetual

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

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8540 Colonnade Center Drive, Suite 409, Raleigh, NC 27615

(Principal office address)

8540 Colonnade Center Drive, Suite 409, Raleigh, NC 27615

(Current mailing address)

8. Pharmaceutical research and development

(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 NOT acceptable)

Name: Sheldon Goldberg

Office Address: 15835 Delasol Lane

Naples

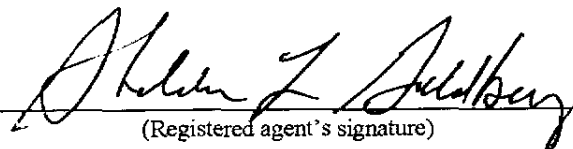
(City)

, Florida 34110

(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.


(Registered agent's signature)

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.

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

FILED
05 JUN 14 PM 3:32

A. DIRECTORS

Chairman: Patrick S. Smith

Address: 8540 Colonnade Center Drive, Suite 409, Raleigh, NC 27615

Vice Chairman: Richard L. Bowen, M.D.

Address: 8540 Colonnade Center Drive, Suite 409, Raleigh, NC 27615

Director: David J. Corcoran

Address: 8540 Colonnade Center Drive, Suite 409, Raleigh, NC 27615

Director: _____

Address: _____

B. OFFICERS

President: Patrick S. Smith

Address: 8540 Colonnade Center Drive, Suite 409, Raleigh, NC 27615

Vice President: David J. Corcoran

Address: 8540 Colonnade Center Drive, Suite 409, Raleigh, NC 27615

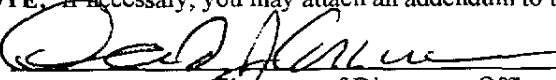
Secretary: David J. Corcoran

Address: 8540 Colonnade Center Drive, Suite 409, Raleigh, NC 27615

Treasurer: David J. Corcoran

Address: 8540 Colonnade Center Drive, Suite 409, Raleigh, NC 27615

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

13.  _____
(Signature of Director or Officer listed in number 12 of the application)

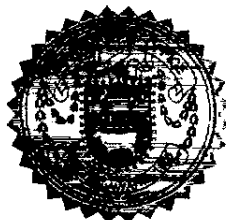
14. David J. Corcoran, Vice President
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VOYAGER PHARMACEUTICAL CORPORATION" 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 NINTH DAY OF MAY, A.D. 2005.



3361819 8300

050341284

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3866500

DATE: 05-09-05