

F11000001868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

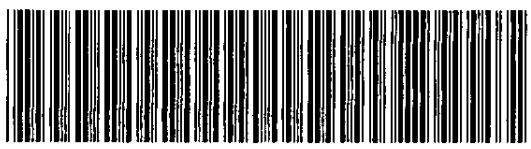
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~~W11-22448~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Luitpold 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," or "Certificate of Good Standing" 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:

Rebecca Lewis

Name of Person
Luitpold Pharmaceuticals, Inc.

Firm/Company
One Luitpold Drive

Address
Shirley, NY 11967

City/State and Zip code
rlewis@luitpold.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Lewis at (631) 924-4000 ext. 185

Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2011

REBECCA LEWIS
ONE LUITPOLD DRIVE
SHIRLEY, NY 11967

SUBJECT: LUITPOLD PHARMACEUTICALS, INC.
Ref. Number: W11000022448

We have received your document for LUITPOLD PHARMACEUTICALS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete number 12-14 on the application because this information was not submitted with your application.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 511A00009735

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. Luitpold Pharmaceuticals, Inc.
(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. New York 3. 112695700
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/2/46 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. April 1, 2011
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Luitpold Drive, Shirley, NY 11967
(Principal office address)

P.O. Box 9001, Shirley, NY 11967
(Current mailing address)

8. Pharmaceutical marketing
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (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.

Corporation Service Company

By: Jerome L. Suarez
(Registered agent's signature)
Jerome L. Suarez, Asst. 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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11 APR 20 PM 4: 18

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

11 APR 20 PM 4:18

A. DIRECTORS

Chairman: _____
Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: Mary Jane Helenek

Address: One Luitpold Drive, PO Box 9001
Shirley, NY 11967

Director: Koji Ogawa

Address: One Luitpold Drive, PO Box 9001
Shirley, NY 11967

B. OFFICERS

President: Mary Jane Helenek

Address: One Luitpold Drive, PO Box 9001
Shirley, NY 11967

Vice President: _____

Address: _____

Secretary: /Treasurer Koji Ogawa

Address: One Luitpold Drive, PO Box 9001, Shirley, NY 11967

Treasurer: _____

Address: _____

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

13. Mary Jane Helenek
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Mary Jane Helenek
(Typed or printed name and capacity of person signing application)

APPROVED
AND
FILED

State of New York
Department of State } ss:

11 APR 20 PM 6:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

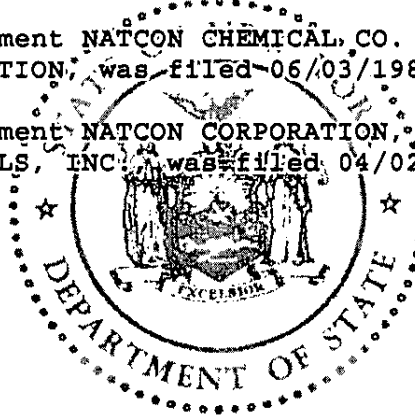
I hereby certify, that the Certificate of Incorporation of LUITPOLD PHARMACEUTICALS, INC. was filed on 04/02/1946, under the name of NATCON INDUSTRIES, INC., fixing the duration as perpetual, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment NATCON INDUSTRIES, INC., changing its name to NATCON, INC., was filed 03/04/1955.

A Certificate of Amendment NATCON, INC., changing its name to NATCON CHEMICAL CO. INCORPORATED, was filed 12/12/1957.

A Certificate of Amendment NATCON CHEMICAL CO. INCORPORATED, changing its name to NATCON CORPORATION, was filed 06/03/1982.

A Certificate of Amendment NATCON CORPORATION, changing its name to LUITPOLD PHARMACEUTICALS, INC. was filed 04/02/1984.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 13th day of April two
thousand and eleven.*

First Deputy Secretary of State