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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
CIPER PHARMACEUTICALS INC.**

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$87.50

12 SEP 25 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Help

**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. CIPHER 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. ONTARIO, CANADA

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

3. N/A

(FEI number, if applicable)

4. JANUARY 9, 2004

(Date of incorporation)

5. PERPETUAL

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

6. OCTOBER 26, 2012

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

7. 5650 TOMKEN ROAD UNIT 16 MISSISSAUGA, ONT L4W 4P1

(Principal office address)

SAME AS # 7

(Current mailing address)

8. SELL DRUG PRODUCT TO DISTRIBUTOR CRANBAXY CORP

(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

(City)

Florida 32301

(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

Sue G. Knight

Assistant Vice President

By: [Signature]
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: WILLIAM GARRIOCKAddress: 5650 TOMKEN ROAD UNIT # 16
MISSISSAUGA, ONTARIO L4W 4P1Vice Chairman: N/A

Address: _____

Director: WILLIAM CLAYPOOLAddress: 5650 TOMKEN ROAD UNIT # 16
MISSISSAUGA, ONTARIO L4W 4P1Director: STEFAN AIGNERAddress: 5650 TOMKEN ROAD UNIT # 16
MISSISSAUGA, ONTARIO L4W 4P1

B. OFFICERS

President: LARRY ANDREWSAddress: 5650 TOMKEN ROAD UNIT # 16
MISSISSAUGA, ONTARIO L4W 4P1Vice President: CFD NORMAN EVANSAddress: 5650 TOMKEN ROAD UNIT # 16
MISSISSAUGA, ONTARIO L4W 4P1

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. [Signature]
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. NORMAN EVANS CFD

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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ADDENDUM
TO
APPLICATION BY CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA
FOR
CIPHER PHARMACEUTICALS INC.

ADDITIONAL DIRECTORS

1. Name: Larry Andrews
Address: 5650 Tomken Road Unit #16
Mississauga, Ontario L4W 4P1
2. Name: Gerald McDole
Address: 5650 Tomken Road Unit #16
Mississauga, Ontario L4W 4P1
3. Name: John Mull
Address: 5650 Tomken Road Unit #16
Mississauga, Ontario L4W 4P1
4. Name: Stephen Wiseman
Address: 5650 Tomken Road Unit #16
Mississauga, Ontario L4W 4P1

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CIPHER 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:

JASON GROSS PHARM. D.

Name of Person

CIPHER PHARMACEUTICALS INC.

Firm/Company

5650 TOMKEN ROAD UNIT # 16

Address

MISSISSAUGA, ONTARIO CANADA L4W 4P1

City/State and Zip code

JGROSS@CIPHERPHARM.COM

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

For further information concerning this matter, please call:

JASON GROSS

Name of Person

at (416) 803-5384

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

Request ID: 014633640
Demande n° :
Transaction ID: 48784421
Transaction n° :
Category ID: CT
Catégorie :

Province of Ontario
Province de l'Ontario
Ministry of Government Services
Ministère des Services gouvernementaux

Date Report Produced: 2012/09/24
Document produit le :
Time Report Produced: 09:59:04
Imprimé à :

CERTIFICATE OF STATUS ATTESTATION DU STATUT JURIDIQUE

This is to certify that according to the
records of the Ministry of Government
Services

D'après les dossiers du Ministère des
Services gouvernementaux, nous attestons
que la société

CIPHER PHARMACEUTICALS INC.

Ontario Corporation Number

Numéro matricule de la société (Ontario)

001602680

is a corporation incorporated,
amalgamated or continued under
the laws of the Province of Ontario.

est une société constituée, prorogée ou née
d'une fusion aux termes des lois de la
Province de l'Ontario.

The corporation came into existence on

La société a été fondée le

JANUARY 09 JANVIER, 2004

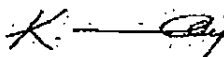
and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

SEPTEMBER 24 SEPTEMBRE, 2012



Director
Directrice

The issuance of this certificate in electronic form is authorized by the Ministry of Government Services.
La délivrance du présent certificat sous forme électronique est autorisée par le Ministère des Services gouvernementaux.

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TALLAHASSEE FLORIDA

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