

F13000000983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

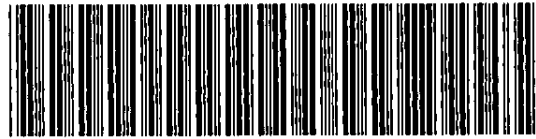
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAR -5 PM 1:59

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13 MAR -5 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 03/06/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 558707 5044876

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$70.00

ORDER DATE : March 5, 2013

ORDER TIME : 12:17 PM

ORDER NO. : 558707-005

CUSTOMER NO: 5044876

FOREIGN FILINGS

NAME: HAVAS HEALTH, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Havas Health, 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:

Pamela J. Herzenberg

Name of Person

Pamela J. Herzenberg Attorney at Law

Firm/Company

10 Julia Court

Address

Tinton Falls, NJ 07712

City/State and Zip code

elizabeth.matrisciano@havas.com

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

For further information concerning this matter, please call:

Pamela Herzenberg

732

804-4512

at ()

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

**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.*

Havas Health, Inc.

1. _____
(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. **13-3035474**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **August 1, 1980** 5. **perpetual**
(Date of incorporation) (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. **350 Hudson Street**
(Principal office address)

New York, NY 10014
(Current mailing address)

8. **marketing and advertising services**
(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.

Stephanie Mihnes Asst.-V.P.
(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: David Jones
350 Hudson Street
Address: New York, NY 10014

Vice Chairman: Donna Murphy
200 Madison Avenue
Address: New York, NY 10016

Director: Jean-Marc Antoni
350 Hudson Street
Address: New York, NY 10014

Director: Doug Burcin
200 Madison Avenue
Address: New York, NY 10016 ** see attachment **

B. OFFICERS

President: Donna Murphy
200 Madison Avenue
Address: New York, NY 10016

Vice President: Gary Liddell
200 Madison Avenue
Address: New York, NY 10016

Secretary: Nancy Wynne, Esq.
350 Hudson Street, New York, NY 10016
Address: 350 Hudson Street, New York, NY 10016

Treasurer: Louis-Philippe Cavallo
350 Hudson Street, New York, NY 10016
Address: 350 Hudson Street, New York, NY 10016

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

13.  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. Nancy Wynne, Vice President and Secretary
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Havas Health, Inc.

**Application by Foreign Corporation for Authorization to Transact Business in
Florida**

Additional Director and Officer Information

Director: Louis-Philippe Cavallo
Address: 350 Hudson Street
New York, NY 10014

Officer: Doug Burcin, Managing Partner
Address: 200 Madison Avenue
New York, NY 10016

Officer: Frank Mangano, Vice President
Address: 350 Hudson Street
New York, NY 10014

Officer: Catherine Infante, Vice President, Assistant Secretary
Address: 200 Madison Avenue
New York, NY 10016

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State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of HAVAS HEALTH, INC. was filed on 08/01/1980, under the name of LALLEY MC FARLAND & PANTELLO INC., with perpetual duration, 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 LALLEY MC FARLAND & PANTELLO INC., changing its name to LALLY MC FARLAND & PANTELLO INC., was filed 09/03/1980.

A Certificate of Amendment LALLY MC FARLAND & PANTELLO INC., changing its name to EURO RSCG HEALTHVIEW, INC., was filed 06/12/2002.

A Certificate of Amendment EURO RSCG HEALTHVIEW, INC., changing its name to HAVAS HEALTH, INC., was filed 08/27/2012.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



I hereby certify this to be a true and correct copy of the original on file.
Certified on this date: Jan. 16, 2013
KRIS W. KOBACH
Secretary of State *Kris W. Kobach*

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 07th day of January two thousand and thirteen.

Rail

First Deputy Secretary of State