

F14000001359
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000072564 3)))



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TALLAHASSEE FLORIDA

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing date of submission 3/25

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
PHARMACYCLICS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	078
Estimated Charge	\$70.00

MD 3/27



March 27, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: PHARMACYCLICS, INC.
REF: W14000019538

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Maryanne Dickey
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000072564
Letter Number: 314A00006569

RE-SUBMIT

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date of submission 3/25

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pharmacyclics, 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:

Rhonda Fassbender
Name of Person

Pharmacyclics, Inc.
Firm/Company

995 E. Arques Avenue
Address

Sunnyvale, CA 94085
City/State and Zip code

raalder@poyo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Fassbender at (408) 215-3366
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.

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

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

2. Delaware 3. 94-3148201
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 04/19/1991 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 999 East Arques Avenue, Sunnyvale, CA 94085
(Principal office address)

same
(Current mailing address)

8. SEE ATTACHMENT
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: Naseem A. Conde
(Registered agent's signature)

NASEEM A. CONDE
SPECIAL 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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS *SEE ATTACHMENT*

Chairman: Robert W Duggan

Address: 995 East Arques Avenue

Sunnyvale, CA 94085

Vice Chairman: _____

Address: _____

Director: Robert F Booth

Address: 995 East Arques Avenue

Sunnyvale, CA 94085

Director: Kenneth S Clark

Address: 995 East Arques Avenue

Sunnyvale, CA 94085

B. OFFICERS *SEE ATTACHMENT*

President: _____

Address: _____

Vice President: Richard B Love

Address: 995 East Arques Avenue

Sunnyvale, CA 94085

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Robert W Duggan

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. Robert W. Duggan, CEO

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

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TALLAHASSEE, FLORIDA

**Attachment to Florida
Purpose Clause
to engage in any lawful act or activity for which corporations may be organized**

Officers & Directors

- | | | |
|----------|--------------------------|---|
| 1 | Full Name: | Robert W Duggan |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Chief Executive Officer and Chairman of the Board |
| | Director's Title: | Chairman |
| | Business Address: | 995 East Arques Avenue |
| | City: | Sunnyvale |
| | State: | CA |
| | ZIP Code: | 94085 |
| 2 | Full Name: | Manmeet S Soni |
| | Officer/Director: | Officer |
| | Officer's Title: | Chief Financial Officer |
| | Director's Title: | |
| | Business Address: | 995 East Arques Avenue |
| | City: | Sunnyvale |
| | State: | CA |
| | ZIP Code: | 94085 |
| 3 | Full Name: | Eric H Halvorson |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Director's Title: | Other Director |
| | Business Address: | 995 East Arques Avenue |
| | City: | Sunnyvale |
| | State: | CA |
| | ZIP Code: | 94085 |
| 4 | Full Name: | Minesh P Mehta |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Director's Title: | Other Director |
| | Business Address: | 995 East Arques Avenue |

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	City:	Sunnyvale
	State:	CA
	ZIP Code:	94085
5	Full Name:	David D Smith
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Other Director
	Business Address:	995 East Arques Avenue
	City:	Sunnyvale
	State:	CA
	ZIP Code:	94085
6	Full Name:	Richard A van den Broek
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Other Director
	Business Address:	995 East Arques Avenue
	City:	Sunnyvale
	State:	CA
	ZIP Code:	94085

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMACYCLICS, 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 TWENTY-FOURTH DAY OF MARCH, A.D. 2014.

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

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

14 MAR 25 PM 12:50
 DEPARTMENT OF STATE
 WILMINGTON, DELORWA
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 Jeffrey W. Bullock, Secretary of State
 AUTHENTICATION: 1234488

DATE: 03-24-14