

FILE 000000 1981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

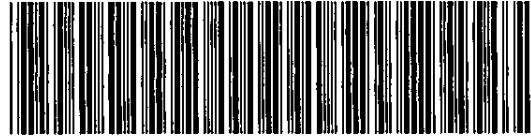
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800283921678

04/01/16--01025--024 **70.00

FILED
16 APR 26 PM 2:51
SEAL OF THE STATE
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

1981 APR 16 1985
J. HARRIS

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Braeburn 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. **See Attachment A**

Please return all correspondence concerning this matter to the following:

Serena S. Kim

Name of Person

Braeburn Pharmaceuticals, Inc.

Firm/Company

47 Hulfish Street, Suite 441

Address

Princeton, NJ 08542

City/State and Zip code

Sonnie@braeburnpharma.com

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

For further information concerning this matter, please call:

Serena S. Kim

Name of Person

at (609) 751 - 5375

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

2016 APR 26 AM 10:38

April 6, 2016

SERENA S KIM
47 HULFISH STREET, SUITE 441
PRINCETON, NJ 08542

SUBJECT: BRAEBURN PHARMACEUTICALS, INC.
Ref. Number: W16000025410

We have received your document for BRAEBURN 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):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

The registered agent must sign accepting the designation.

Please return 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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 116A00007025

FILED
16 APR 26 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Braeburn Pharmaceuticals, Inc.

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

N/A

(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. 46-1031785

(FEI number, if applicable)

4. 9/21/2012

(Date of incorporation)

5. Perpetual

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

6. N/A

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 47 Hulfish Street, Suite 441, Princeton, NJ 08542

(Principal office address)

47 Hulfish Street, Suite 441, Princeton, NJ 08542

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

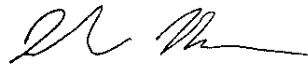
(City)

, Florida 33324

(Zip code)

9. **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)

10. 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.

See Attachment A

16 APR 26 PM 2
RECEIVED
FALLS CHURCH, VA
FBI

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

A. DIRECTORS

Chairman: See Attachment B

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attachment B

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

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.

13. Vice President, Clinical Development and Medical Affairs

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

RECEIVED
16 APR 25 PM 2:51
DEPARTMENT OF STATE
MAIL ROOM

Attachment B

Corporate Officer and Director Information

Braeburn Pharmaceuticals, Inc.
47 Hulfish Street, Suite 441
Princeton, NJ 08542

Corporate Officers:

Behshad Sheldon
Executive Director and President and CEO

Craig Brown
VP, Clinical Development and Medical Affairs

Marshall Woodworth
CFO

Jonathan Young
General Counsel and VP, Policy

Frank Young
EVP Regulatory and Medical

Enrique Arvelo
VP Business Analytics

Serena Kim
VP Clinical Development and Medical Affairs

David Byram
VP Market Access and Government Affairs

Asher Rubin
Secretary

Director:

Seth L. Harrison, M.D.
David J. McIntyre
Jerry Karabelas, PhD
Dennis H. Langer, MD, JD

***Please note that the corporate officers and director may be reached at the address listed above.**

FILED
16 APR 26 PM 2:51
FBI - MIAMI
FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRAEBURN PHARMACEUTICALS, 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 FIRST DAY OF FEBRUARY, A.D. 2016.



5216418 8300

SR# 20160497646

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 201762085

Date: 02-01-16