

8/27/2019

Division of Corporations

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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
Strides Pharma., Inc.

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$87.50

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AUG 28 2019

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. Strides Pharma., Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 46-2953153
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 11, 2013 5.
(Date of incorporation) (Date of duration, if other than 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. 2 Tower Center Blvd., Suite 1102, East Brunswick, NJ 08816
(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System
Office Address: 1200 Pine Island Road
Plantation Florida 33324
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation designated in this application, I hereby accept the appointment as registered agent and agree to accept 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.

C T Corporation System

By: [Signature] James M. Halpin
Assistant Secretary
(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.

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STATE OF FLORIDA
DEPARTMENT OF STATE

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

A. DIRECTORS

Chairman: Mohan Divineni

Address: 2 Tower Center Blvd., Suite 1102, East Brunswick, NJ 08816

Vice Chairman: _____

Address: _____

Director: Mohana Kumar

Address: 2 Tower Center Blvd., Suite 1102, East Brunswick, NJ 08816

Director: Vikesh Kumar

Address: 2 Tower Center Blvd., Suite 1102, East Brunswick, NJ 08816

B. OFFICERS

President: Mohan Devineni

Address: 2 Tower Center Blvd., Suite 1102, East Brunswick, NJ 08816

Vice President: _____

Address: _____

Secretary: Shivaprasa Nalkoti

Address: 2 Tower Center Blvd., Suite 1102, East Brunswick, NJ 08816

Treasurer: Shivaprasa Nalkoti

Address: 2 Tower Center Blvd., Suite 1102, East Brunswick, NJ 08816

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 11 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. Mohan Devineni, President

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

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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**STRIDES PHARMA., INC.
0400580219**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on June 11, 2013.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**INCORP SERVICES INC
208 WEST STATE STREET
TRENTON, NJ 08608-1002**



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 27th day of August, 2019

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6100169512

Verify this certificate online at

https://www1.state.nj.us/TFR_StandingCert/JSP/Verify_Cert.jsp