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

From: Account Name : UNITED AGENT GROUP INC.
Account Number : 120160000086
Phone : (561)508-5033
Fax Number : (561)694-1639

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

Email Address: _____

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FOREIGN PROFIT/NONPROFIT CORPORATION

Arcutis Biotherapeutics, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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**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. Arcutis Biotherapeutics, 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. Delaware _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/1/2016 _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1/1/2021 _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3027 Townsgate Road, Suite #300, Westlake Village, CA 91361

(Principal office street address)

(Current mailing address, if different)

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

Name: United Agent Group Inc.

Office Address: 801 US Highway 1

North Palm Beach _____, Florida 33408
(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 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.



Saray Djidji, Special 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Todd Franklin Watanabe

Vice Chairman Address: _____

Director 3027 Townsgate Road, Suite #300

President Westlake Village, CA 91361

Vice President _____

Secretary Treasurer

Other CEO Other _____

Chairman Name: Alexander G. Asam, Ph.D.

Vice Chairman Address: _____

Director 3027 Townsgate Road, Suite #300

President Westlake Village, CA 91361

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Bhaskar Chaudhuri, Ph.D.

Vice Chairman Address: _____

Director 3027 Townsgate Road, Suite #300

President Westlake Village, CA 91361

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Halley Gilbert

Vice Chairman Address: _____

Director 3027 Townsgate Road, Suite #300

President Westlake Village, CA 91361

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Patrick J. Heron

Vice Chairman Address: _____

Director 3027 Townsgate Road, Suite #300

President Westlake Village, CA 91361

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Jonathan T. Silverstein

Vice Chairman Address: _____

Director 3027 Townsgate Road, Suite #300

President Westlake Village, CA 91361

Vice President _____

Secretary Treasurer

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Saray Djidji, Attorney in Fact
(Typed or printed name and capacity of person signing application)

Director
Howard G. Welgus, M.D.
3027 Townsgate Road, Suite #300
Westlake Village, CA 91361

Delaware

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The First State

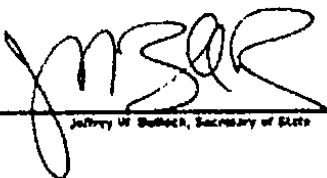
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARCUTIS BIOTHERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JANUARY, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARCUTIS BIOTHERAPEUTICS, INC." WAS INCORPORATED ON THE FIRST DAY OF JUNE, A.D. 2016.

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




Jeffrey W. Bullock, Secretary of State

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SR# 20210006269

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Authentication: 202204914

Date: 01-04-21