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October 3, 2000

FL Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Enclosed are the necessary forms and fees needed to obtain a Certificate of Authority to Transact business in your state. Should you require additional information, please contact me at 601-960-6862.

Please return any correspondence regarding this Application to me at the above address. Thank you very much for your helpful assistance.

Sincerely,

Brunini, Grantham, Grower & Hewes, 更好

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Lisa K. McCord

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LKM/tsw

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CTEX Pharmaceutica (Name of corpo	1s. Inc. pration - must include suffix)
Dear Sir or Madam:	,
The enclosed "Application by Foreign Corporatio "Certificate of Existence", and check are submitted to transact business in Florida.	n for Authorization to Transact Business in Florida", d to register the above referenced foreign corporation
Please return all correspondence concerning this r	natter to the following:
Jody Varner	, Esquire
	me of Person)
Brunini, Grantham,	Grower & Hewes, PLLC
	m/Company)
Post Off	ice Drawer 119
	(Address)
	Mississippi 39205
(City/S	State and Zip code)
	ARC OCT
For further information concerning this matter, ple	ease call:
Lisa K. McCord at (_6	01) 960-6862 FSI ≥ □
	Area Code & Daytime Telephone Number
	8
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration 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 & ☒ \$87.50 Filing Fee, Certified Copy 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. CTEX Pharmaceuticals, Inc.	
(Name of corporation; must include the word "INCORPO	
words or abbreviations of like import in language as will	
natural person or partnership if not so contained in the na	ame at present.)
2. Mississippi	3. 64-0867544
(State or country under the law of which it is incorporate	ed) (FEI number, if applicable)
4. November 01, 1995	5. Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
•	
6. July 01, 1998	1101 1 10
(Date first transacted business in Florida. If corporation (SEE SECTIONS 60	has not transacted business in Florida, insert "upon qualification.") 07.1501, 607.1502 and 817.155, F.S.)
7. 148 Weisenberger Road, Suite	D, Madison, MS 39110
(Principal offi	
148 Weisenberger Road, Suite	D, Madison, MS 39110
(Current maili	
8. Pharmaceutical Sales	OO SEE SEE
(Purpose(s) of corporation authorized in home star	te or country to be carried out in state of Florida)
O. Name and street address of Florida registered s	grant: (P.O. Ray or Mail Drop Roy NOT accomplable).
9. Name and <u>street address</u> of Florida registered a	gent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: CT Corporation System	HOD ₹ D
Office Address: 1200 South Pine Islan	d Road SP 9:
	⊅. 00
<u> Plantation</u>	, Florida <u>33324</u>
(City)	(Zip code)
10. Designation of a continuous	
10. Registered agent's acceptance:	ot service of process for the above stated corporation at the place
designated in this application. I hereby accept the at	ppointment as registered agent and agree to act in this capacity.
further agree to comply with the provisions of all sta	tutes relative to the proper and complete performance of my
duties, and I am familiar with and accept the obligation	tions of my position as registered agent.
See Atta	ched
	gent'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.

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

A. DIRECTORS

Chairman:	See	"Attachment	A" for Di	rectors		
Address:		· ·· · · · · · · · · · · · · · · · · ·				
Vice Chairman:						
Address:						
Director:						
Address:						
Director:						
Address:						
B. OFFICERS						-
President:	See	"Attachment	A" for Of	ficers		
Address:	V-16 ====				$-\Omega$	3
Vice President:						
Address:					OF SI	
Secretary:		···			<u> </u>	2
Address:		 				
Treasurer:						
Address:						
NOTE: If necessary,	yoja may attach/ar	addendum to the	application listin	ng additional office	rs and/or dire	ctors.
13. (Signa	ture of Chairman	Shoo Chairman o	r any officer list	ed in number 12 of	the application	on)
	King, Pres	///	. any officer fist	A AMERICOL 12 OF	. шо арриоси	
	(Typed or print)	ed name and canac	ity of person sig	ning application)		

"Attachment A"

CTEX Pharmaceuticals, Inc. Directors and Officers

<u>Directors</u> <u>Business Address</u>

Bobby J. King 148 Weisenberger Road, Suite D, Madison, MS 39110

Max Draughn 148 Weisenberger Road, Suite D, Madison, MS 39110

Frank Montgomery 148 Weisenberger Road, Suite D, Madison, MS 39110

Dennis Thomas 148 Weisenberger Road, Suite D, Madison, MS 39110

Officers Position

Bobby J. King President, Secretary, Treasurer

Max Draughn CEO, Assistant Secretary, Assistant Treasurer

OO OCT -6 AM 9: OE
SECRETARY OF STATE

REGISTERED AGENT'S ACCEPTANCE

Having been named as registered agent and to accept service of process for CTEX Pharmaceuticals, Inc., at the place designated in this application, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relative to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent.

By: M. S. Green, Assistant Secretary

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on November 01,1995 the state of Mississippi issued a Charter/Certificate of Authority to:

CTEX PHARMACEUTICALS, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties wed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

A STATE OF MISSING

Given under my hand and seal of office September 20,2000

ERIC CLARK, Secretary of State