# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Wumber : (350)617-6383

From:

Account Name : C I CORPORATION SYSTEM Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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## FOREIGN PROFIT/NONPROFIT CORPORATION AGILE THERAPEUTICS, INC.

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:55	Estimated Charge	!	\$70,00

Electronic Filing Menu Corporate Filing Menu

S. WARREN Help

SEP 1 5 2017

\*\*\*PLEASE HONOR ORIGINAL DATE 08-31-17\*\*\*

### **COVER LETTER**

	on Section of Corporations		•	•	
SUBJECT: Ag	ile Therapeutics, Inc.		;		
	Name of (	corporation - 1	nust include suffix		
Dear Sir or Mada	m:				,
"Certificate of Ex	oplication by Foreign Corpositence," or "Certificate of foreign corporation to tran	Good Standi	ig" and check are subm	Business in Flo nitted to register	rida, `` the
Please return all o	orrespondence concerning	this matter to	the following:		
Geoffrey Gilmore			•		
		Name of Per	son		
Agile Therapeutics	, Inc.				
	· · · · · · · · · · · · · · · · · · ·	Firm/Compa	ny		***************************************
101 Poor Farm Rd					
		Address			
Princeton NJ 0854	o				<u>.</u>
	. (	City/State and	Zip code.	. `	
ggilmore@agiletho			<u> </u>		
	E-mail address: (1	to be used for	future annual report no	tification)	
For further inform	nation concerning this matt	er, please call	· ·	·	
Gregg Weinstein	at	(732	6488121		-
Name of	Person .	Area Code	Daytime Telepho	ine Number	
Registrat Division Clifton B 2661 Exc	O'COURIER ADDRESS: on Section of Corporations uitding cutive Center Circle ec, FL 32301		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	
Enclosed is a che	ck for the following amoun	ıt:			
□ \$70.00 Filing	Fee S78.75 Filing F Certificate of S		78.75 Filing Fee & Certified Copy	S87.50 Filin Certificate of Certified Co	of Status &

# 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 BUSINES: IN THE STATE OF FLORIDA.

1. Again Therapeutics, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavail:	ible in Florida, enter alternate corporale na	name adopted for the purpose of transacting business in Florida)
Delaware		
(State or countr	y under the law of which it is incorporated)	d) (FEI number, if applicable)
12/05/1997		5
. (Date	of incorporation)	(Date of duration, if other than perpetual)
	(Current m	mailing address, if different)
	•	(P.O. Box, NOT acceptable)
Name and stree	traddress of Florida registered agent:	(P.O. Box NOT acceptable)
Name: .	C T Corporation System	
Tice Address:	1200 South Pine Island Road	FLORA
	Plantation	Florida 33324

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.

C T Corporation System

By: Kristin Bolden
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.

11. Nam	nes and business addresses of officers and/or directors:	•
A. DIRI	ECTORS	:
Chairman	·	
Address;	101 Poor Farm Rd, Princeton NJ 08540	
		· · · · · · · · · · · · · · · · · · ·
Vice Chai	John Hubbard, PhD. FACS	
Address:		,
-		<del></del>
Director:	101 Program Pd. Princeton MI 09540	<del>_</del>
Address:	TOT POOL Partit Rd. 1 Anceton 19 00596	
Director:	William T. McKee  101 Poor Farm Rd, Princeton NJ 08540.	
Address:	101 Poor Farm Rd, Princeton NJ 08540.	7
		2
B. OFF	icers E	F=
President:	Alfred Altomari	* : m
	101 Poor Farm Rd, Princeton NJ 08540	п <b>эх</b> О
•		. <i>U</i>
Visa Desir	Elizabeth Garner	<u>1,7,5 ₹~3</u>
	ident: Elizabeth Garner  101 Poor Farin Rd, Princeton NJ 08540	
Address:		
	Geoffrey Gilmore	
	Geoffrey Gilmore	
Address:	101 Poor Farm Rd, Princeton NJ 08540	
Treasurer		· <u>·</u>
Address:	101 Poor Farm Rd, Princeton NJ 08540	
NOTE:	If pecessary, you may attach an addendum to the application listing additional officers and/or direct	ctors.
12	Signature of Director or Officer	
The office	cer or director signing this document (and who is listed in number 11 above) affirms that the facts s	tated herein
are true a	and that he or she is aware that false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.	te constitutes
	ffrey Gilmore, General Counsel	•
13	(Typed or printed name and capacity of person signing application)	

## Agile Therapeutics, Inc.

### Directors:

Name	Title	Address
Alfred Altomari	Chairman	101 Poor Farm Rd., Princeton NJ 08540
Seth H.Z. Fischer	Director	101 Poor Farm Rd., Princeton NJ 08540
James P. Tursi, M.D.	Director	101 Poor Farm Rd., Princeton NJ 08540
Ajit S. Shetty, Ph.D.	Director	101 Poor Farm Rd., Princeton NJ 08540
John Hubbard, Ph.D., FCP	Director	101 Poor Farm Rd., Princeton NJ 08540
Abhijeet Lele	Director	101 Poor Farm Rd., Princeton NJ 08540
William T. McKee	Director	101 Poor Farm Rd., Princeton NJ 08540

#### Officers

Onicers:		
Name	Title	Address
Alfred Altomari	CEO/Chairman	101 Poor Farm Rd., Princeton NJ 08540
Geoffrey Gilmore	General Counsel/Secretary	101 Poor Farm Rd., Princeton NJ 08540
Elizabeth Garner	Chief Medical Officer	101 Poor Farm Rd., Princeton NJ 08540
Scott Coiante	Chief Financial Officer/Treasurer	101 Poor Farm Rd., Princeton NJ 08540
Renee Selman	Chief Commercial Officer	101 Poor Farm Rd., Princeton NJ 08540



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AGILE THERAPEUTICS, 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 THIRTY-FIRST DAY OF AUGUST, A.D.

2017.

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.

. .



Authentication: 203149776

Date: 08-31-17