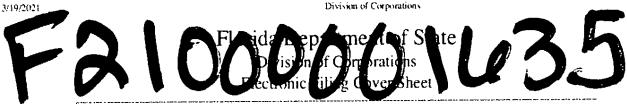
Division of Corporations



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FOREIGN PROFIT/NONPROFIT CORPORATION

Ascendis Pharma Endocrinology, Inc.

Certificate of Status	1
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Help



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.

	rp," "Inc," "Co," or "Corp.")		
(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Flori	ida)
Delaware	3	(FEI number, if applicable)	
09/22/2020	5	(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)	lorida, if prior to registration) 2, F.S., to determine penalty liability)	
902 Carnegie Cen	ster, Suite 301, Princeton, NJ 08540		
·	(Principal office	street address)	
902 Carnegie Cer	nter, Suite 301, Princeton, NJ 08540		
	(Current mailing	address, if different)	2021
		Togate and the second s	HA!
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	HAR 2
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. United Agent Group Inc.	Box NOT acceptable)	HAR 23
Name:	United Agent Group Inc.	Box NOT acceptable)	HAR 23 AM
Name:	United Agent Group Inc. 801 US Highway 1	Box NOT acceptable)	HAR 23 AH 8: W
Name:	United Agent Group Inc. 801 US Highway 1	Box NOT acceptable)	2021 HAR 23 AM 8: 40
	United Agent Group Inc.	Box NOT acceptable)	HAR 23 AM 8: 40
Name: Office Address: Registered age	United Agent Group Inc. 801 US Highway 1 North Palm Beach (City)	(- ,)	
Name: Office Address: Registered againg been name	United Agent Group Inc. 801 US Highway 1 North Palm Beach (City) ent's acceptance: red as registered agent and to accept services application. I hereby accept the appointment	e of process for the above stated corporation at ent as registered agent and agree to act in this	the place capacity.
Name: Office Address: Registered ago laving been nam lesignated in this urther agree to c	United Agent Group Inc. 801 US Highway 1 North Palm Beach (City) ent's acceptance: red as registered agent and to accept services application, I hereby accept the appointment omply with the provisions of all statutes rel	e of process for the above stated corporation at ent as registered agent and agree to act in this (lative to the proper and complete performance	the place capacity.
Name: Office Address: Registered ago laving been nam lesignated in this orther agree to c	United Agent Group Inc. 801 US Highway 1 North Palm Beach (City) ent's acceptance: red as registered agent and to accept services application. I hereby accept the appointment	e of process for the above stated corporation at ent as registered agent and agree to act in this (lative to the proper and complete performance	the place capacity.
Name: Office Address: Registered ago laving been nam lesignated in this urther agree to c	United Agent Group Inc. 801 US Highway 1 North Palm Beach (City) ent's acceptance: red as registered agent and to accept services application, I hereby accept the appointment omply with the provisions of all statutes rel	e of process for the above stated corporation at ent as registered agent and agree to act in this c lative to the proper and complete performance ition as registered agent.	the place capacity.

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.

A. DIRECTORS						
□Chairman	Name: Jan Moller Mikkelsen	□ Chairman	Name:	Hoiland		
□Vice Chairman	902 Camegie Center, Suite 301 Address:	□Vice Chairman	902 Address:	Carnegie Center, Suite 301		
Director	Princeton, NJ 08540	Director	Princeton, NJ 08540			
President		□President				
□Vice President		□Vice President				
Secretary	☐Treasurer	☐ Secretary		□Treasurer		
■Other	Other	Other General !	Manager	□Other		
□ Chairman	Scott Thomas Smith	□Chairman	Name:			
□Vice Chairman	902 Carnegie Center, Suite 30	□Vice Chairman	Address:			
Director	Princeton, NJ 08540	Director				
□President		□President				
□Vice President		□Vice President				
☐Secretary	■ Freasurer	☐Secretary		☐Treasurer		
Senior Other Vice Pre	esident CFO	Other		Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		☐ Director				
□President		□President				
□Vice President		□Vice President				
Secretary	☐ Treasurer	☐ Secretary		Treasurer		
□Other	Other	Other		□Other		
individuals may b	Use an attachment to report more than six (6). The at the added to the index when filing your Florida Departs	nent of State Annual R	ed for reporting eport form.	g purposes only. Non-indexed		
12.	Kerin Dute Signature of Director	<u> </u>				
	·					
The officer or direction she is aware that the s.817.155, F.S.	ector signing this document (and who is listed in numb false information submitted in a document to the Department	ber 11 above) affirms t artment of State constit	hat the facts statutes a third deg	ated herein are true and that he o gree felony as provided for in		

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ASCENDIS PHARMA ENDOCRINOLOGY, 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 NINETEENTH DAY OF MARCH,

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 "ASCENDIS PHARMA ENDOCRINOLOGY, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2020.

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

Authentication: 202776362

Date: 03-19-21

3415591 8300 SR# 20210974079