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(City/State/Zip/Phone #)

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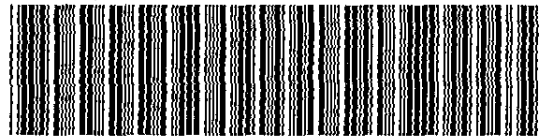
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DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 308396 4800255
AUTHORIZATION : *Patricia Pizito*
COST LIMIT : \$ 1785.00

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FILED
STATE OF FLORIDA

ORDER DATE : November 4, 2003
ORDER TIME : 2:52 PM
ORDER NO. : 308396-010
CUSTOMER NO: 4800255
CUSTOMER: Ms. Jennifer Quinn-felice
Chadbourne & Parke LLP
30 Rockefeller Plaza
New York, NY 10112

FOREIGN FILINGS

NAME: PURDUE PHARMA L.P.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 1155

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Purdue Pharma L.P.
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida must contain the word "LIMITED" or "LTD.")

3. Delaware 4. June 14, 1999
(State of Formation) (Date of Formation)

5. Corporation Service Company
(Name of Registered Agent for Service of Process)

6. 1201 Hays Street
(Street Address of Registered Office)

Tallahassee, Florida 32301
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Corporation Service Company
By: [Signature]
(Agent must sign on this line)

8. Corporation Service Company
2711 Centreville Road, Suite 400, Wilmington, Delaware 19808
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
<u>Purdue Pharma Inc.</u>	<u>One Stamford Forum, Stamford, Connecticut 06901</u>

10. One Stamford Forum, Stamford, Connecticut 06901
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

FILED
NOV-6 1999
TALLAHASSEE
FLORIDA

12. One Stamford Forum, Stamford, Connecticut 06901

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 30th day of October, 2003

Stuart D. Baker

Purdue Pharma Inc.,
By: Stuart D. Baker, Executive Vice President,
Counsel to the Board and
Secretary

General Partner

STATE OF New York

COUNTY OF New York

On this 30th day of October, 2003

Stuart D. Baker, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Sandra J. Kenul
(Notary Public Signature)

Sandra J. Kenul
(Notary's Printed Name)

Seal

My Commission Expires: _____

SANDRA J. KENUL
Notary Public, State of New York
No. 4887944
Certified in New York County
Commission Expires July 13, 2007

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

Stuart D. Baker
Executive Vice President, Purdue Pharma Inc.

BEFORE ME the undersigned personally appeared Counsel to the Board and Secretary,

a general partner of Purdue Pharma L.P., a (an) Delaware

limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 287,280,567.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 2,867,922.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 30th day of October, 2003.



Purdue Pharma Inc.,
By: Stuart D. Baker, Executive Vice President,
Counsel to the Board and
Secretary

General Partner

STATE OF New York

COUNTY OF New York

On this 30th day of October, 2003,

Stuart D. Baker, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

Sandra J. Kenul
(Notary's Printed Name)

Seal

My Commission Expires: _____

SANDRA J. KENUL
Notary Public, State of New York
No. 4887944
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