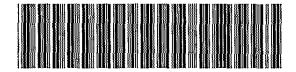
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Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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#### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Tenby Pharma, Inc. (Name of corpora	ition - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.	or Authorization to Transact Business in Florida," o register the above referenced foreign corporation to	
Please return all correspondence concerning this mat	ter to the following:	
Michelle Greenberg (Name Sirion Therapeutics, I	of Person)	
Sirion Therapeutics. I		
3110 Cherry Palm-Prive	e, Sv.7e 340	
(Ad	idress)	
Tampa, FL 33619 (City/State		
(City/Sta	te and Zip code)	
For further information concerning this matter, pleas	e call:	
Michella Greenberg at (8):	3 496-7325	
(Name of Person) at (8/3	a Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32301	Talianassee, LD 52514	
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$\ \tag{Certificate of Status}	S78.75 Filing Fee & X \$87.50 Filing Fee, Certified Copy Certified Copy 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. Tenby Phaces Inc.
(Enter name of corporation; ...:st 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. Delawere 3. 20-4142367
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. January 3, 2006

(Date of incorporation)

5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") 6. Has yet to transact business in Florida (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 270 Presidential Prive, Wilmington, DE 19807

(Principal office address)

3110 Cherry Polm Prive, Suite 340, Tampa FL 33619

(Current mailing address) 8. Our main business operations will be performed through our subsidiaries

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida maintained. 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Pawn Bennett Johnson Name: 7110 Cherry Palm Prive, Suite 340

Tampa , Florida 33619

(City) (Zip code) Office Address: 10. 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.

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 direc
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SEE ATTACHED

A. DIRECTORS				
Chairman:		<del></del>		
Address:				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
				> 12 A
Vice Chairman:			Ç	1000 m
Address:				
Director:				
Address:				
				••
Director:		·		
Address:				
B. OFFICERS				
President:				<u> </u>
Address:				<del></del>
Vice President:				
Address:				<del></del> -
			<del></del>	
Secretary:				
Address:				
Treasurer:				
Address:		_		
Addiess.				
NOTE: If necessary, you may attach				•
13 May Denne	tt Alna			
(Signature of I	Director or Officer listed	in number 12 of the application	ation)	—
14. Lawn E. Bennett	Johnson, Chie,	t timescial Oldi	cer	
(Typed or pr	inted name and capacity	of person signing applicati	on)	-

Application By foreign Corporation For Authorization To Transact Business in Florida

Application For: Tenby Pharma, Inc.

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

A. Directors

Director/Chief Executive Officer:

Barry Butler

Address:

3110 Cherry Palm Drive, Suite 340

Tampa, FL 33619

Director/Chief Medical Officer:

Roger Vogel, MD

Address:

3110 Cherry Palm Drive, Suite 340

Tampa, FL 33619

Director:

Kevin J. Kinsella

Address:

888 Prospect St. #320

La Jolla CA. 92037

Director:

Kenneth J. Widder, MD

Address:

11408 Sorrento Valley Road

San Diego, CA 92121

B. Officers

Secretary/Chief Financial Officer:

Dawn E. Bennett Johnson

Address:

3110 Cherry Palm Drive, Suite 340

Tampa, FL 33619

## Delaware

PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TENBY PHARMA 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 SEVENTH DAY OF SEPTEMBER, A.D. 2006.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5027264

DATE: 09-07-06

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