

F06000006527

Florida Department of State  
Division of Corporations  
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## FOREIGN PROFIT/NONPROFIT CORPORATION

EKR Therapeutics, Inc.

Certificate of Status	0
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**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. **EKR Therapeutics, Inc.**

(Enter name of corporation; must 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. **Delaware**

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. **2/21/2006**

(Date of incorporation)

5.

**Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **Upon qualification**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **7 East Frederick Place, Cedar Knolls, New Jersey 07927**

(Principal office address)

**7 East Frederick Place, Cedar Knolls, New Jersey 07927**

(Current mailing address)

8. **Any lawful business**

(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 registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: **Business Filings Incorporated**

Office Address: **1203 Governors Square Blvd, Suite 101**

**Tallahassee**

(City)

**Florida 32301-2960**

(Zip code)

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.*



(Registered agent'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:**

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**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Richard DeSimone

Address: 7 East Frederick Place, Cedar Knolls, New Jersey 07927

Director: Howard Weisman

Address: 7 East Frederick Place, Cedar Knolls, New Jersey 07927

**B. OFFICERS**

President: Cathy Kerzner

Address: 7 East Frederick Place, Cedar Knolls, New Jersey 07927

Vice President: Graham May

Address: 7 East Frederick Place, Cedar Knolls, New Jersey 07927

Secretary: Richard DeSimone

Address: 7 East Frederick Place, Cedar Knolls, New Jersey 07927

Treasurer: Richard DeSimone

Address: 7 East Frederick Place, Cedar Knolls, New Jersey 07927

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]  
(Signature of Director or Officer listed in number 12 of the application)

14. Cathy Kerzner, President  
(Typed or printed name and capacity of person signing application)

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# Delaware

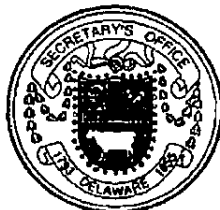
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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EKR 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 SIXTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5098152

DATE: 10-06-06