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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

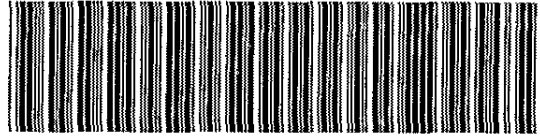
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
5/24

W007-22344

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Medicines Company
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Richard W. Fires Jr.
(Name of Person)
The Medicines Company
(Firm/Company)
8 Campus Drive
(Address)
Parsippany, NJ 07054
(City/State and Zip code)

For further information concerning this matter, please call:

Richard W. Fires Jr. at (973) 647-6035
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2007

RICHARD W FIRES, JR
THE MEDICINES COMPANY
8 CAMPUS DRIVE
PARSIPPANY, NJ 07054

SUBJECT: THE MEDICINES COMPANY
Ref. Number: W07000022344

We have received your document for THE MEDICINES COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Your FEI number should only be a nine digit number.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filing Section

Letter Number: 607A00032412

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07 MAY 24 PM 1:53
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. The Medicines Company
(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 3. 04 3324394
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 31, 1996 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8 Campus Drive Parsippany, New Jersey 07054
(Principal office address)

8 Campus Drive Parsippany, New Jersey 07054
(Current mailing address)

8. To engage in the sales & marketing of pharmaceuticals.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

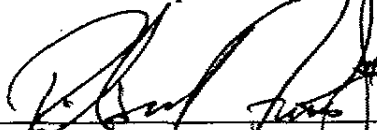
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: % Richard Fires Jr.

Office Address: 1956 Twin Dolphin Lane
Ft. Lauderdale, FL, Florida 33316
(City) (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.

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STATE

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

A. DIRECTORS

Chairman: Clive A. Meanwell

Address: 8 Campus Drive
Parsippany, NJ 07054

Vice Chairman: Hiroaki Shigeta

Address: 8 Campus Drive
Parsippany, NJ 07054

Director: William M. Crouse

Address: 8 Campus Drive
Parsippany, NJ 07054

Director: Robert Savage

Address: 8 Campus Drive
Parsippany, NJ 07054

B. OFFICERS

President: John Kelley

Address: 8 Campus Drive, Parsippany, NJ 07054

Vice President: Catharine Newberry

Address: 8 Campus Drive, Parsippany, NJ 07054

Secretary: Paul M. Antinori

Address: 8 Campus Drive, Parsippany, NJ 07054

Treasurer: Glen Splendorio

Address: 8 Campus Drive, Parsippany, NJ 07054

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

13. Catharine S. Newberry
(Signature of Director or Officer listed in number 12 of the application)

14. Catharine Newberry
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE MEDICINES COMPANY" 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 NINTH DAY OF JANUARY, A.D. 2007.

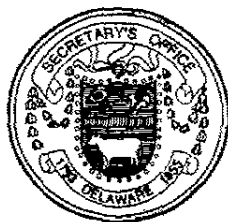
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

FILED
07 MAY 24 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2649126 8300

070027526



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5341279

DATE: 01-09-07