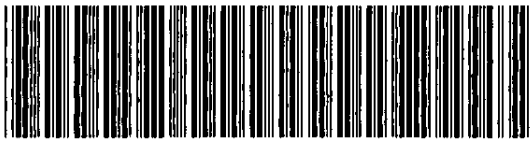


F08000003620



400134404704

08/18/08--01060--014 . **87.50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED

2008 AUG 18 P 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 18 2008
D. A. WHITE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HORIZON PHARMACEUTICALS, INC.

(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:

GERALD HABERKORN

(Name of Person)

LOWIS & GELLEN LLP

(Firm/Company)

200 WEST ADAMS, SUITE #1900

(Address)

CHICAGO, ILLINOIS 60606

(City/State and Zip code)

For further information concerning this matter, please call:

ROBERT D. LEAVITT

(Name of Person)

at (312) 628 - 7199

(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

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. HORIZON PHARMACEUTICALS, 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. ILLINOIS

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

3.

(FEI number, if applicable)

4. AUGUST 12, 2005

(Date of incorporation)

5.

PERPETUAL

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

6. AUGUST 15, 2008

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9115 SOUTH CICERO AVENUE, OAK LAWN, ILLINOIS 60435

(Principal office address)

9115 SOUTH CICERO AVENUE, OAK LAWN, ILLINOIS 60435

(Current mailing address)

8. MANUFACTURING PHARMACEUTAL AND MEDICAL PRODUCTS

(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: NRAI SERVICES, INC.

Office Address: 2731 EXECUTIVE PARK DRIVE, SUITE 4

WESTON

(City)

, Florida 33331

(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.

Michael Donovan

(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.

FILED
2008 AUG 18 PM 2:11p
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: DR. ALI KUTOM
Address: 9115 SOUTH CICERO AVENUE, OAK LAWN, ILLINOIS 60435

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

FILED
2000 AUG 18 P 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: DR. ALI KUTOM
Address: 9115 SOUTH CICERO AVENUE, OAK LAWN, ILLINOIS 60435

Vice President: _____
Address: _____

Secretary: DR. ALI KUTOM
Address: 9115 SOUTH CICERO AVENUE, OAK LAWN, ILLINOIS 60435

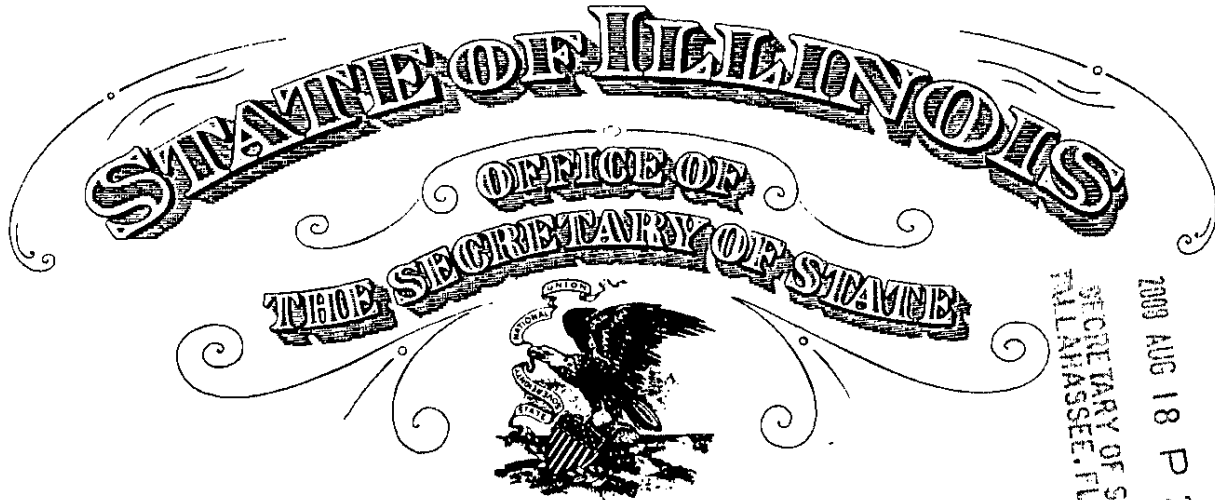
Treasurer: _____
Address: _____

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

13. *AL Kutom*
(Signature of Director or Officer listed in number 12 of the application)

14. DR. ALI KUTOM, PRESIDENT
(Typed or printed name and capacity of person signing application)

File Number 6436-731-5



2009 AUG 18 P 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

HORIZON PHARMACEUTICALS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 12, 2005, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of AUGUST A.D. 2008

Jesse White

Authentication #: 0822801440

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE