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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FOREIGN PROFIT/NONPROFIT CORPORATION

Anchen Pharmaceuticals, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 10 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ASCHEN 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," or "Certificate of Good Standing" 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:

MICHAEL E. PARK

Name of Person

ASCHEN PHARMACEUTICALS, INC.

Firm/Company

9601 JERONIMO ROAD

Address

IRVINE, CA 92618

City/State and Zip code

michael.park@aschen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL E. PARK

Name of Person

at (949) 639-8166

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. ANCHER 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. CALIFORNIA

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

3. 68-0519179

(FEI number, if applicable)

4. 8/2/2002

(Date of incorporation)

5. PERPETUAL

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

6. 1/1/2011

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

7. 9601 LERONIMO ROAD, IRVINE, CA 92618

(Principal office address)

9601 LERONIMO ROAD, IRVINE, CA 92618

(Current mailing address)

8. TO PERFORM SALES ACTIVITY ON BEHALF OF ANCHER 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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

CT Corporation System

By: 

(Registered agent's signature)

Bahar Tanious, Assistant Secretary

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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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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A. DIRECTORS

Address: _____

Address: 9601 JERONIMO ROAD, IRVINE, CA. 92618

Address: 9601 JERONIMO ROAD, IRVINE, CA. 92618

Address: 9601 JERONIMO ROAD, IRVINE, CA. 92618

Address: 9601 IFRONIMA ROAD, IRVINE CA 92618 PM

Address: 9601 JERONIMO ROAD, IRVINE, CA 92618

Address: 9601 FERNWOOD ROAD, TRUNSF CA. 92618

13. Middle

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

(Typed or printed name and capacity of person signing application)

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2011 JAN -7 PM12:36
SECRETARY OF
MILWAUKEE, WISCONSIN

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

ANCHEN PHARMACEUTICALS, INC.

FILE NUMBER: C2462209
FORMATION DATE: 07/22/2002
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

FILED
JAN 10 2011
CALIFORNIA SECRETARY OF STATE

2011 JAN -7 PM 12:36

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of January 06, 2011.

Debra Bowen

DEBRA BOWEN
Secretary of State