

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : C T CORPORALION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION NUPATHE INC.

Certificate of Status	0
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Page Count	06
Estimated Charge	\$70.00

7/21/2011

COVER LETTER

TO:	New Filing Sc Division of Co		·			
SUBJE	ECT:		NuPathe Inc.			
		Name of corpor	ation - must include suffix			
Dear Si	r or Madam:					
"Certifi	cate of Existent		n for Authorization to Transact Standing" and check are subm usiness in Florida.			
Please n	etum all corres	pondence concerning this m	satter to the following:			
_		Suzaun E_	M. Hanlor	3		
		Nam	e of Person			
		Nu Iatha	INC			
		Firm	Company			
				, le 200		
		Cox shy hoc	Kan FA	9428		
			ate and Zip code			
		shanlon@	inupathe.com			
		E-mail address: (to be u	sed for future ann al report no	nification)		
For furth	ner information	concerning this matter, plea	ase call:			
Suz.	Name of Perso	lawlon at (4/1)	84 56 7- 0/3 rea Code & Dayti ne Telephor	O Cx/1105"	e-19	Ü
					<u>~</u>	SEV
	STREET/COL	RIER ADDRESS:	MA (LING AD Nev/ Filing Sect		JUL 21	ORE T
	Division of Cor		Div sion of Cor		2	TAS COM
	Clifton Building		P.O Box 6327	•	-	당으
	2661 Executive Pallahassee, FL		Tallthassee, Ft.	32314	AM II:	V30c
Enclosed	l is a check for	the following amount;				
□ \$ 70	.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	ę.	•

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.

Delayvare		ame adopted for the p. rpose of transacting business in Florida 3. 20-2218246
(State or country	under the law of which it is Incorporated)	(FEI number, if applicable)
01/07/2005		5. Perpetual
(Det Upon Qualifica	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ess in Florida, if prior >> registration) 7.1502, P.S., to determine penalty liability)
227 Wasnington	Street, Suite 200, Conshahocken, PA 1942 (Principal office	
sanw		
	(Current mailing	address)
SEE ATTACH	MENT	
		or country to be carried out in state of Florida)
Name and stre	et address of Plorida registered agent: ((P.O. Box NOT acceptable)
Name:	C T Corporation System	
.00 4 3 4	1200 South Pine Island Road	
Office Address:		, Florida 33324
THE Address:	Plantation	

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 taxler the law of which it is incorporated.

(Registered agent's signature)



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

12. Names and business addr A. DIRECTORS	esses of officers and/or directors:	2011 JUL 21 AM 11: 15
	T	
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President: SEE ATTACHMEN	r	
Address:		
Vice thresident:		
Sccretary:		· • • • • • • • • • • • • • • • • • • •
Address:		
Trensurer:		
Address:		
NOTE: If necessary, you may	attach an addendum to the application listing	additional officers and/or directors.
13. Michael F. 1	Marcus Signature of Director or Officer	7-14-11
The officer or director signing are true and that he or she is aw third degree felony as provided	this document (and who is listed in number 12 rare that false information submitted in a document of the control of the contr	above) affirms that the facts stated herein
14	Michael F. Marino, Vice Preside	ni

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

Attachment to Florida Purpose Clause

Business activities related to the pharmaceutical and/or medical device industry, including promotion, marketing and /or sale of prescription drugs and/or medical devices

7811 IIII 21 AM III: 15

NuPathe Inc. Officers and Directors

Officers	
Chief Executive Officer	Vice President & Treasurer
Jane H. Hollingsworth	Keith A. Goldan
227 Washington Street, Suite 200	227 Washington Street, Suite 200
Conshohocken, PA 19438	Conshchocken, PA 19438
President	Vice President & Secretary
Terri B. Sebree	Michael F. Marino
227 Washington Street, Suite 200	227 Washington Street, Suite 200
Conshohocken, PA 19438	Consholiocken, PA 19438
Directors	•
Wayne P. Yetter (Chairman)	Jane H. Hollingsworth
227 Washington Street, Suite 200	227 Washington Street, Suite 200
Conshohocken, PA 19438	Conshotiocken, PA 19438
Jeanne Cunicelli	Gary Kutzman, MD
Bay City Capital, LLC	Safeguard Scientifics, Inc.
750 Battery Street, Suite 400	The 800 Building
San Francisco, CA 94111	435 Devon Park Drive
Office: 415-835-9350	Wayne, l'A 19087-1945
Michael Cola	
Shire Pharmaceuticals	
725 Chesterbrook Boulevard	
Wayne PA 19087-5637	\
44#Aim ESF 13001-5031	
William J. Federici	Robert P. Roche
West Pharma	227 Washington Street, Suite 200
101 Gordon Drive	Conshohocken, PA 19438
Lioinville, PA 19341	

Delaware

PACT 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NUPATHE 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 TWENTIETH DAY OF JULY, A.D. 2011.

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

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

DIVISION OF CCRPORATION

3909245 8300

110841167

AUTHENTS CATION: 8914476

DATE: 07-20-11

You may verify this certificate caline at cosp. delaware.gov/authwar.shtml