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Florida Department of State
Division of Corporations
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To: Division of Corporations
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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
JAZZ PHARMACEUTICALS COMMERCIAL CORP.**

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

K 09/05/12

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Jazz Pharmaceuticals Commercial Corp.
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:

Susan Leveille
Name of Person
Jazz Pharmaceuticals Commercial Corp.
Firm/Company
1818 Market Street, Suite 2350
Address
Philadelphia, PA 19103
City/State and Zip code
susan.levaille@jazzpharma.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Leveille at (215) 832-3750
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

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. Jazz Pharmaceuticals Commercial Corp.
 (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. New York 3. 20-4669509
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 14, 2005 5. Perpetual
 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1818 Market Street, Suite 2350, Philadelphia, PA 19103
 (Principal office address)

Same as above
 (Current mailing address)

8. Virtual Manufacturer
 (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, Florida 33324
 (City) (Zip code)

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 DEPT. OF STATE
 FALLS BASSSETT, FLORIDA

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: Maria T. Chambers **Maria T. Chambers**
 (Registered agent's signature) **Special 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.

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

A. DIRECTORS

Chairman: See Attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. *Michael Kelly*
Signature of Director or Officer

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.

14. Michael Kelly, SVP Sales and Marketing
(Typed or printed name and capacity of person signing application)

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FILED IN SECRETION

Jazz Pharmaceuticals Commercial Corp.

1818 Market Street Suite 2350

Philadelphia, PA 19103

FEIN: 20-4669509

Bruce C. Cozadd - Executive Chairman and CEO

Kathryn Falberg - Sr. Vice President and CFO

Russell Cox - Executive Vice President and Chief Commercial Officer

Ginger Levy - Sr. Corporate Counsel

Michael Kelly - Sr. Vice President, Sales & Marketing

Suzanne Sawochka Hooper - Executive Vice President and General Counsel

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FALLA HASSER, LONDON

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of JAZZ PHARMACEUTICALS COMMERCIAL CORP. was filed on 11/14/2005, under the name of AZURE PHARMA, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment AZURE PHARMA, INC., changing its name to AZUR PHARMA, INC., was filed 01/04/2006.

A Certificate of Amendment AZUR PHARMA, INC., changing its name to JAZZ PHARMACEUTICALS COMMERCIAL CORP., was filed 01/18/2012.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 31st day of August
two thousand and twelve.*

A handwritten signature in black ink, appearing to read "Daniel Shapiro".

Daniel Shapiro
First Deputy Secretary of State

201209040143 * B2

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STATE
TALLAHASSEE, FLORIDA