Division of Corporation Florida Department of State Division of Corporations **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H120002900363))) H120002900363ABCX Note: DO NOT hit the REFRESH/RELOAD button on your buryer framehis pre-Doing so will generate another cover sheet RE-SUDIVILLE Please retain original filing To: Division of Corporations Fax Number : (850) 617- Gate of submission 12/11 From: : C T CORPORATION SYSTEM Account Name Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368 AH IO: **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** 5 Email Address: FOREIGN PROFIT/NONPROFIT CORPORATION ThromboGenics, Inc. Certificate of Status 0 Certified Copy 0 Page Count 06 Estimated Charge \$70.00 Electronic Filing Menu Corporate Filing Menu Help https://efile.sunbiz.org/scripts/efilcovr.exe

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850-617-6381



December 12, 2012

FLORIDA DEPARTMENT OF STATE Division of Corporations

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C T CORPORATION SYSTEM

SUBJECT: THROMBOGENICS, INC. REF: W12000061478

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

FAX Aud. #: E12000290036 Letter Number: 712A00029360

THLAHASSEE FLORIDA

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P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: ThromboGenics, 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:

Claudia Alexandrou, CPA, Controller

		Name	of Person			
ThromboGenics, Inc.						
		Firm/C	Company			
101 Wood Avenue Sout	a, 6th Floor					
		Ad	ddress			
Iselin, NJ 08830						
**************************************	•	City/Stat	te and Zip code			
claudia.alexandrou@thro	ombogenics.com				•	
	E-mail addres	s: (to be us	ed for future annual repor	t notification)	.	
For further information	a concerning this r	natter, plea	se call:			
Claudia Alexandrou		732 at (590-2889		ALE 12	
Name of Perso	on	Ar	ea Code & Daytime Telep	hone Number	CRET	-
						·~··
STDEFT/COI			BALA YA YALIY		STER -	i f i
STREET/COURIER ADDRESS; New Filing Section		h ə ,	MAILING ADDRESS: New Filing Section		AM 10: 47 OF STATE FLORID	ر ا ا
Division of Co			Division of (Corporations	0: 47 STATE ORIUA	• • • •
Clifton Buildir	ng e Center Circle		P.O. Box 63:		7	
Tallahassee, Fi			Tallahassee,	FL 32314		
Enclosed is a check for	the following am	ount				
	the following and	04111.				
🗵 \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		□ \$78.75 Filing Fee &	S87.50 1		
	Certificate	of Status			cate of Status & ed Copy	
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PAGE 03/06

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.

ThromboGenics, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")

New York		3	_
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
April 23, 2003		5. Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	}
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
101 Wood Aven	•		
	(Principal office a	address)	-
Isolin, New Jers	ey 08830		
	(Current mailing a	address)	_
Sals of bio-pha	macantical products		
		r country to be carried out in state of Florida)	12
Name and stree	at address of Florida registered agent: (P.O. Box NOT acceptable)	DEC
Name:	C T Corporation System		
A THELEPHY,	1200 South Pine Island Road		WHU: 4/
ffice Address:		·	· · · · · · · · · · · · · · · · · · ·
ffice Address:	Plantation	. Florida 33324	

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 camply 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.



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.

FL019 - I I/IS/2012 Walters Klawer CARee

RECTORS		
Désiré Collen		-
Gaston Geenslaan 1, Heverlee, Belgium, 3001		-
Patrick De Haes	<u> </u>	-
Chairman:		-
Chris Buyse		-
Gaston Geenslaan 1, Heverlee, Belgium, 3001	····	-
David Pearson		-
101 Wood Avenue South		-
Iselin, New Jersey 08830		-
David Pearson		
101 Wood Avenue South	TAL	-
Isolin, New Jersey 08830		- "n
resident:	<u> </u>	- j ^{ero} nane
۶:		173
τη τόλα θαια τόλα του που του του του του του του του του του τ		<u> </u>
Edward J. Hayward	HTE NOA	-
222 South Ninth Street, Suite 2000, Minneapolia, Minnesota 55402-3338		•
chris Buyse		-
Gaston Ocenslaan 1, Heverlee, Belgium, 3001	······································	
: If necessary, you may attach an addendum to the application listing additional officer	rs and/or directors.	
Edward O skyward		
Signature of Director or Officer ficer or director signing this document (and who is listed in number 12 above) affirms t e and that he or she is aware that false information submitted in a document to the Depa degree felony as provided for in s.817.155, F.S.		

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State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of THROMBOGENICS, INC. was filed on 04/23/2003, under the name of THROMBOGENICS LTD., 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 THROMBOGENICS LTD., changing its name to THROMBOGENICS, INC., was filed 10/01/2003.



201212100611 * EZ

Witness my hand and the official seal of the Department of State at the City of Albany, this 07th day of December two thousand and twelve.

Daniel Shapiro Special Deputy Secretary of State

