

F/400000/325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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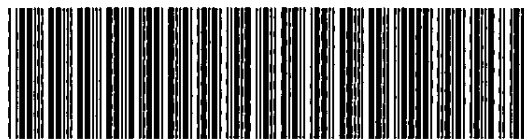
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 03/26/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HedgePath 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:

Garrison J. Hasara, CFO

Name of Person

HedgePath Pharmaceuticals, Inc.

Firm/Company

324 S. Hyde Park Avenue, Suite 350

Address

Tampa, Florida

City/State and Zip code

ghasara@hedgepathpharma.com

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

For further information concerning this matter, please call:

Tammy Renner at (813) 864-2570

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. **HedgePath 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. **Delaware**

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

3. **30-0793665**

(FEI number, if applicable)

4. **August 1, 2013**

(Date of incorporation)

5. **perpetual**

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

6. _____

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

7. **324 S. Hyde Park Avenue, Suite 350, Tampa, Florida 33606**

(Principal office address)

324 S. Hyde Park Avenue, Suite 350, Tampa, Florida 33606

(Current mailing address)

8. **All lawful business transactions.**

(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: **Garrison J. Hasara, CPA**

Office Address: **324 S. Hyde Park Avenue, Suite 350**

Tampa, Florida **33606**

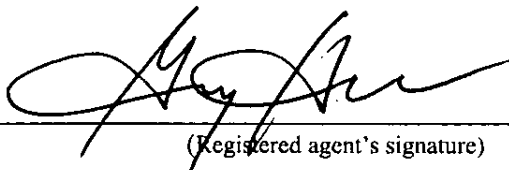
(City)

(Zip code)

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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.


(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.

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

A. DIRECTORS

Chairman: Francis E. O'Donnell, Jr.

Address: 324 S. Hyde Park Avenue, Suite 350
Tampa, Florida 33606

Vice Chairman: _____

Address: _____

Director: Francis E. O'Donnell, Jr.

Address: 324 S. Hyde Park Avenue, Suite 350
Tampa, Florida 33606

Director: Samuel P. Sears

Address: 324 S. Hyde Park Avenue, Suite 350
Tampa, Florida 33606

B. OFFICERS

President: Nicholas J. Virca

Address: 324 S. Hyde Park Avenue, Suite 350
Tampa, Florida

Vice President: _____

Address: _____

Secretary: James A. McNulty, CPA

Address: 324 S. Hyde Park Avenue, Suite 350, Tampa, Florida, 33606

Treasurer: Garrison J. Hasara, CPA

Address: 324 S. Hyde Park Avenue, Suite 350, Tampa, Florida 33606

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

13. _____

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. Garrison J. Hasara, CPA, Chief Financial Officer and Treasurer

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

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Addendum to Application:

Additional Officers:

Chief Executive Officer:
Nicholas J. Virca

Compliance Officer:
James A. McNulty, CPA

Chief Financial Officer:
Garrison J. Hasara, CPA

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TALLAHASSEE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEDGEPATH PHARMACEUTICALS, 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 THIRTEENTH DAY OF MARCH, A.D. 2014.

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SECRETARY OF STATE
BALTIMORE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1205688

DATE: 03-13-14