

FADU00002928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Cranbury 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:

Jessica Yoskowitz

Name of Person

Cranbury Pharmaceuticals

Firm/Company

2031 US Route 130 South, Suite F

Address

Monmouth Junction, NJ 08852

City/State and Zip code

jyoskowitz@cranburypharma.com

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

For further information concerning this matter, please call:

Janet Penner

Name of Person

at (732) 940-2800 x 220

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

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES**

CRANBURY PHARMACEUTICALS, INC.

0101027201

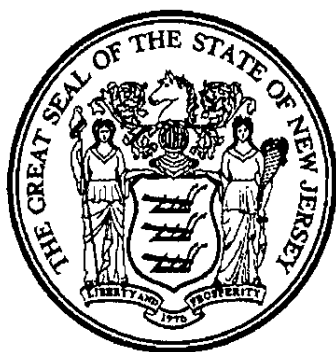
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on April 30, 2013.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Smita Trivedi Mehta
C/O Tris Pharma, Inc.
2033 U.S. 130, Ste. D
Monmouth Jct., NJ 08852*

I further certify that as of the date of this certificate, no amendments have been filed.



Certification# 132719061

Verify this certificate at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
30th day of June, 2014*

*Andrew P. Sidamon-Eristoff
State Treasurer*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL - 8 PM 1:55

**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. **Cranbury 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. **New Jersey**

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

3. **3010241920**

(FEI number, if applicable)

4. **04/30/2013**

(Date of incorporation)

5. **perpetual**

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

6. **N/A**

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

7. **2031 US Route 130 South, Suite F, Monmouth Junction, NJ 08852**

(Principal office address)

2031 US Route 130 South, Suite F, Monmouth Junction, NJ 08852

(Current mailing address)

8. **Pharmaceutical Manufacturer/Wholesaler/Distributor**

(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: **Incorp Services, Inc.**

Office Address: **17888 67th Court North**

Loxahatchee

(City)

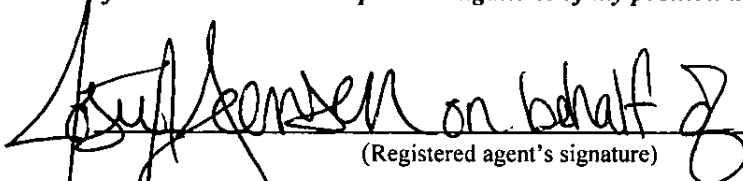
, Florida **33470**

(Zip code)

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TALLAHASSEE 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.

 on behalf of **Incorp Services, Inc.**
(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: Ketan Mehta

Address: 2033 US Route 130 South, Suite D
Monmouth Junction, NJ 08852

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Janet Penner

Address: 2031 US Route 130 South, Suite F
Monmouth Junction, NJ 08852

Vice President: _____

Address: _____

Secretary: Smita Mehta

Address: 2033 US Route 130 South, Suite D, Monmouth Junction, NJ 08852

Treasurer: Smita Mehta

Address: 2033 US Route 130 South, Suite D, Monmouth Junction, NJ 08852

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. Janet Penner

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

14 JUL -7 PM 1:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA