

F14000003826

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

KemPharm, Inc.

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

14 SEP 10 AM 11:50
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KEMPHARM, 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:

	Name of Person
C T Corporation System	
	Firm/Company
1200 South Pine Island Road	
	Address
Plantation FL 33324	
	City/State and Zip code
CT- Statecommunications@wolterskluwer.com	
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Lamaruggine	at (855) 316-8944
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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. **KEMPHARM, 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. _____

(FEI number, if applicable)

4. **05-28-2014**

(Date of incorporation)

5. **Perpetual**

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

6. **July 1, 2014**

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

7. **2656 Crosspark Rd. Suite 100, Coralville, IA 52241**

(Principal office address)

2656 Crosspark Rd. Suite 100, Coralville, IA 52241

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **C T Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

(City)

, Florida 33324

(Zip code)

9. 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.

By: **Jenifer Vincent** **Jenifer Vincent**
(Registered agent's signature) **Vice President & Assistant Secretary**

10. 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.

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

A. DIRECTORS

Chairman: Travis Mickle

Address: 2656 Crosspark Rd., Suite 100
Coralville, IA 52241

Vice Chairman: _____

Address: _____

Director: Christal Mickle

Address: 2656 Crosspark Rd., Suite 100
Coralville, IA 52241

Director: Sven Guenther

Address: 2656 Crosspark Rd., Suite 100
Coralville, IA 52241

B. OFFICERS

President: Travis Mickle

Address: 2656 Crosspark Rd. Suite 100
Coralville, IA 52241

Vice President: _____

Address: _____

Secretary: Christal Mickle

Address: 2656 Crosspark Rd. Suite 100, Coralville, IA 52241

Treasurer: Gordon Johnson

Address: 2656 Crosspark Rd., Suite 100, Coralville, IA 52241

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

12. 
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.

13. Christal Mickle, Director and Secretary
(Typed or printed name and capacity of person signing application)

Director: Jonathan Leff
780 Third Ave-37th Floor
New York, NY 10017

Director: Rich Pascoe
11975 El Camino Real, Suite 300
San Diego, CA 92130

Director: Matt Plooster
816 P St., Suite 200
Lincoln, NE 68508

Director: Joseph Saluri
2656 Crosspark Rd., Suite 100
Coralville, IA 52241

Director: Dan Thompson
109 North Madison
Bloomfield, IA 52537

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KEMPHARM, 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 TENTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

14 SEP 10 AM 11:50
SECRETARY OF STATE
DELAWARE
MAIL ROOM

5519003 8300

141163209

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1686240

DATE: 09-10-14