

F14 000005223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

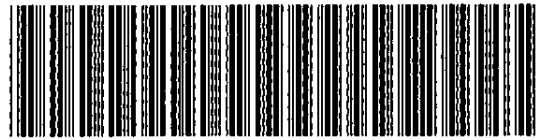
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 DEC 10 PM 1: 00

~~000005223~~
12/12/14

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Midas Pharmaceuticals, Inc.

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature _____

Requested by: Seth _____
Name Date Time
12/09/14 _____

Walk-In _____ Will Pick Up _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2014

CAPITAL CONNECTION

SUBJECT: MIDAS PHARMACEUTICALS, INCORPORATED
Ref. Number: W14000073162

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 DEC 10 AM 11:42
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We have received your document for MIDAS PHARMACEUTICALS, INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The FEI number is too long. Please verify the number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Carol Mustain
Regulatory Specialist II

Letter Number: 514A00025866

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MIDAS 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:

Patrice Powers Feigel

Name of Person

Midas Pharmaceuticals, Inc


Firm/Company

300 InterPACE PARKWAY, Suite 420

Address

PARSIPPANY, NEW JERSEY 07054-1100

City/State and Zip code

 patrice.powers-feigel@midas-pharma.com

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

For further information concerning this matter, please call:

TIM FEUERSTEIN at (973) 541-1100

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.

MIDAS PHARMACEUTICALS, INC.

1. (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 3. 04-3552663 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 9, 2001 5. PERPETUAL (Date of incorporation) (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. 300 Interpace Parkway, Suite 420, Parsippany, NJ 07054 (Principal office address)

300 INTERPACE PARKWAY, SUITE 420, PARSIPPANY, NJ 07054-1100 (Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Your Capital Connection, Inc. Office Address: 417 E. Virginia Street Ste 1 Tallahassee, Florida 32301 (City) (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.

(Registered agent's signature) Seth Neeley for Your Capital Connection, Inc.

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.

FILED SECRETARY OF STATE DEPARTMENT OF CORPORATIONS 14 DEC 9M 1:00

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: KARL-HEINZ SCHLEICHER

Address: 300 INTERPACE PARKWAY, SUITE 420 PARSIPPANY, NJ 07054-1100

Director: TIM FEUERSTEIN

Address: 300 INTERPACE PARKWAY, SUITE 420, PARSIPPANY, NJ 07054-1100

See Attached Exhibit A

B. OFFICERS

President: TIM FEUERSTEIN

Address: 300 INTERPACE PARKWAY, SUITE 420, PARSIPPANY, NJ 07054-1100

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. TIM FEUERSTEIN, PRESIDENT

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

Exhibit A

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

Director: Silvia Boehler

300 Interpace Parkway, Suite 420

Parsippany, NJ 07054-1100

Director: Paolo Brivio

300 Interpace Parkway, Suite 420

Parsippany, NJ 07054-1100

Delaware

PAGE 1

The First State

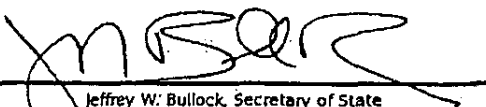
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIDAS PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF NOVEMBER, A.D. 2014.

3366612 8300

141421855

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1887302

DATE: 11-20-14