

2/11/2015 15:37:39 From: To: 50617

(1/6)

Division of Corporations

Page 1 of 1

F15000000564

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.

(((H150000361583)))



H150000361583ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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
VIROPHARMA BIOLOGICS, INC.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

MD 2/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VIROPHARMA BIOLOGICS, 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:

DONNA MORGES

Name of Person

SHIRE PHARMACEUTICALS LLC

Firm/Company

725 CHESTERBROOK BOULEVARD

Address

WAYNE, PA 19087

City/State and Zip code

dmorges@shire.com

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

For further information concerning this matter, please call:

DONNA MORGES

at (484) 595-8385

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. VIOPHARMA BIOLOGICS, 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 3. 06-1708300
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07-21-2003 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 300 SHIRE WAY, LEXINGTON, MA 02421
(Principal office address)
300 SHIRE WAY, LEXINGTON, MA 02421
(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, Florida 33324
(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.

C T Corporation System
By: ANN J. WILLIAMS
(Registered agent's signature) Assistant Vice President

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: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: ELLEN ROSENBERG

Address: 725 CHESTERBROOK BOULEVARD

WAYNE, PA 19087

Director: JEFFREY POULTON

Address: 300 SHIRE WAY

LEXINGTON, MA 02421

B. OFFICERS

President: JEFFREY POULTON

Address: 300 SHIRE WAY

LEXINGTON, MA 02421

Vice President: N/A

Address: _____

Secretary: ELLEN ROSENBERG

Address: 725 CHESTERBROOK BOULEVARD, WAYNE, PA 19087

Treasurer: GARY SENDER

Address: 725 CHESTERBROOK BOULEVARD, WAYNE, PA 19087

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

12. *Ellen Rosenberg*

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. ELLEN ROSENBERG, SECRETARY

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

15 FEB 11 PM 12:07
STATE OF FLORIDA
DEPARTMENT OF STATE

2/11/2015 15:37:39 From: To: 8506176381

(5/6)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

ADDENDUM

ADDITIONAL DIRECTOR:

GARY SENDER, 725 CHESTERBROOK BOULEVARD, WAYNE, PA 19087

15 FEB 11 PM 12:07
STATE OF FLORIDA
SECRETARY OF STATE

Delaware

The First State

PAGE 1

15 FEB 11 PM 12:07
SECRETARY OF STATE
ALL APPLICANTS, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIROPHARMA BIOLOGICS, 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 ELEVENTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

3683935 8300

150182162

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



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2114007

DATE: 02-11-15