

FL500000 1168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

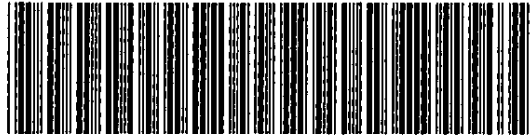
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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15 MAR 17 PM 4:18
STATE OF FLORIDA
SECRETARY OF STATE

YMD 3/20

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Merix Pharmaceutical Corp

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:

Dori Squires

Name of Person

Merix Pharmaceutical Corp

Firm/Company

18 E. Dundee Rd 3-204

Address

Barrington, IL 60010

City/State and Zip code

dsquires@merixcorp.com

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

For further information concerning this matter, please call:

Dori Squires

Name of Person

at (847) 277-1111

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

15 MAR 17 PM 4:18
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. Merix Pharmaceutical Corporation

(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. Illinois

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

3. 36-4313444

(FEI number, if applicable)

4. 08/1999 - 08/17/1999

(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. 18 E. Dundee Rd 3-204, Barrington, IL 60010

(Principal office address)

18 E. Dundee Rd 3-204, Barrington, IL 60010

(Current mailing address)

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

Name: Meryl Squires

Office Address: 2552 Appaloosa Trail

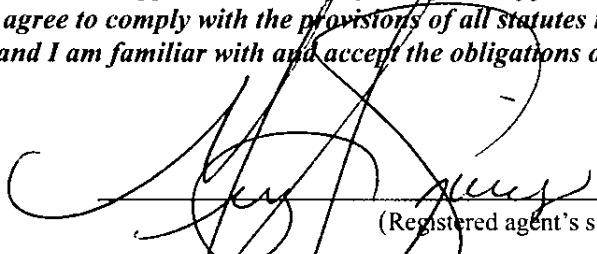
Wellington, Florida 33414

(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)

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: Meryl Squires

Address: 2 Goose Lake Drive
Barrington Hills, IL 60010

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

15 MAR 7 PM 4:18
ILLINOIS STATE BOARD OF PROFESSIONAL ACCOUNTANTS

B. OFFICERS

President: Meryl J. Squires

Address: 2 Goose Lake Drive
Barrington Hills, IL 60010

Vice President: Meryl J. Squires

Address: 2 Goose Lake Drive
Barrington Hills, IL 60010

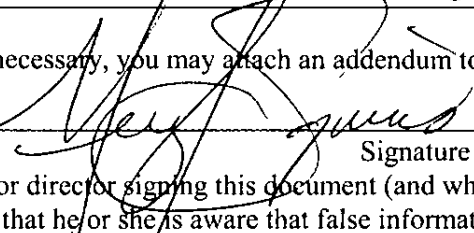
Secretary: Meryl J. Squires

Address: 2 Goose Lake Drive Barrington Hills, IL 60010

Treasurer: Meryl J. Squires

Address: 2 Goose Lake Drive Barrington Hills, IL 60010

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

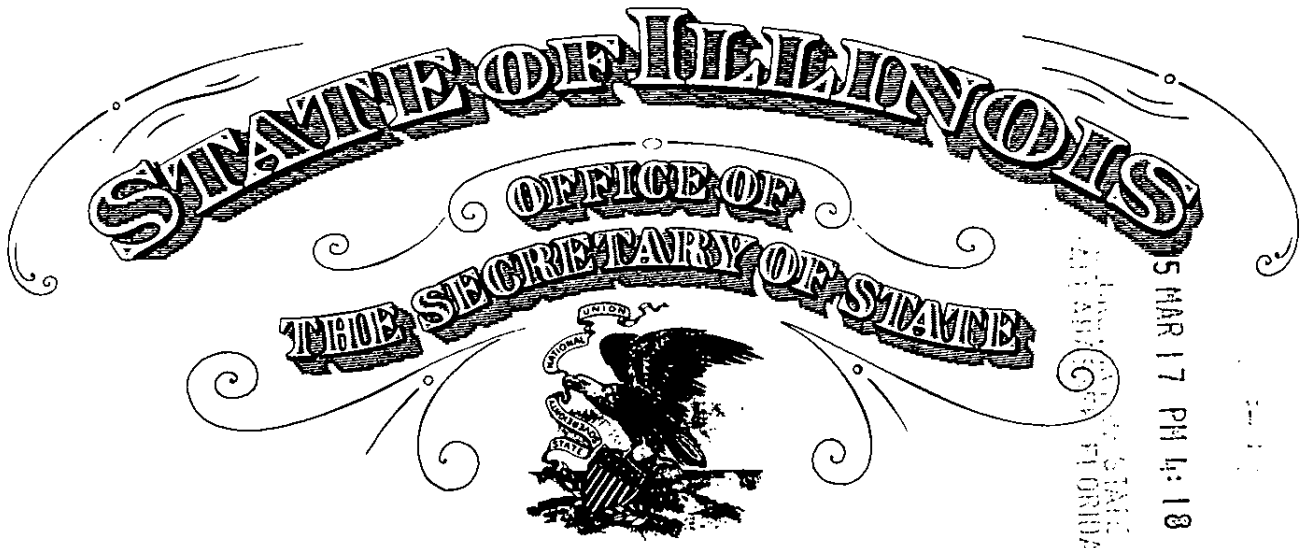
12. 
Signature of Director or Officer

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. Meryl Squires, President

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

File Number 6063-270-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MERIX PHARMACEUTICAL CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 17, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH day of MARCH A.D. 2015 .

Jesse White

Authentication #: 1507501460

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE