Division of Corporations Electronic Filing Cover Sheet

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(((H15000083000 3)))



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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)205-8842 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 ADAPT PHARMA INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Adapt Pharma Inc.	
Name of corpor	ration - must include suffix
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida," d Standing" and check are submitted to register the pusiness in Florida.
Please return all correspondence concerning this r	matter to the following:
Ezinne Okpo	
Nan	ne of Person
Mayer Brown LLP	
Firm	n/Company
1221 Avenue of Americas	
	Address
New York, NY 10020	
City/S	tate and Zip code
eokpo@mayerbrown.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease calt:
Ezinne Okpo at (212	506-2317
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 & ☐ \$87.50 Filing Fee, Certified Copy 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.

(If name unavailable in	Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)	_	
Delaware		3		
(State or country unde				
11/06/2013		5. Perpetual	_	
(Date of inc	orporation)	(Duration: Year corp. will cease to exist or "perpetual")		
•		ess in Florida, if prior to registration) 07.1502, F.S., to determine penaky liability)		
45 Fitzwilliam Square,	Dublin 2, Ireland			
	(Principal office	address)	_	
45 Fitzwilliam Square	, Dublin 2, Ireland			
	(Current mailing	address)	15	ÿ.  Y
. Name and street add	ress of Florida registered agent:	(P.O. Box <u>NOT</u> acceptable)	APR -	SION OF
Name:	C T Corporation System		ယ	00
	1200 South Pine Island Road		AH 10: 42	RPO
Office Address:		33324	٠ ن	37 A
Office Address:	Plantation	Florida	-	
Office Address:	Plantation (City)	, Florida (Zip code)	N	7.6

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.

	Sommit Mulliage CEO
man	
:55:	45 Fitzwilliam Square, Oublin 2, Ireland
	·
Chai	irman: N/A
35;	
_	
ior;	David Brabazon, CFO
:55:	45 Fitzwilliam Square, Dublin 2, Ireland
tor:	Euran Maguire, COO
-	45 Fitzwilliam Square, Dublin 2, Ireland
;sz;	
FF	ICERS
lenr;	
<b>:55</b> ;	45 Fitzwilliam Square, Dublin 2, Ireland
resi	ident:
<b>55</b> :	
ary:	David Brabazon
55;	45 Fitzwillium Square, Dublin 2, Ireland
ner:	David Brabazon
55:	45 Fitzwilliam Square, Dublin 2, kelanu
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
	Signature of Director or Officer
	er or director signing this document (and who is listed in number 12 above) affirms that the facts stated herei
	er of offector signing this document tand who is fisted in number 12 above; affirms that the facts stated heres and that he or she is aware that false information submitted in a document to the Department of State constitut

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

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ADAPT PHARMA 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 SECOND DAY OF APRIL, A.D.

2015.

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

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

DIVISION OF CORPORATION

5417832 8300

150460257

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

Jeffrey W. Bulbock, Secretary of State

DATE: 04-02-15