F/50000/500

| (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: |
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| |

Office Use Only



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HO LIKE TROED TO ACKNOWLEDGE SOFFICIENCY OF FILING DESCRIPTION OF SAME

SECRETARY OF SECTION OF CORPORALISH

n 04/09/15

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Talinassee, FL 3230. Phone: 850-558-1500

| ACCOUNT NO. : I200 | UU | υC | Uί | U | U | Τ | 9 | 15 |
|--------------------|----|----|----|---|---|---|---|----|
|--------------------|----|----|----|---|---|---|---|----|

REFERENCE : 577725 7837376

AUTHORIZATION: relation

COST LIMIT : \$ 728.75

ORDER DATE: April 6, 2015

ORDER TIME : 12:57 PM

ORDER NO. : 577725-005

CUSTOMER NO: 7837376

FOREIGN FILINGS

NAME: HI-TECH PHARMACAL CO., INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: Hi-Tech Pharmacal Co., 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: |
| Doreen Wiman |
| Name of Person |
| Akorn, Inc. |
| Firm/Company |
| 1925 W. Field Court, Suite 300 |
| Address |
| Lake Forest, Illinois 60045 |
| City/State and Zip code |
| doreen.wiman@akorn.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Doreen Wiman 353-4919 |
| Name of Person at (847) 353-4919 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 & ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$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.

| | corporation; must include "INCORPORATED, Corp," "Inc," "Co." or "Corp.") | " "COMPANY," "CORPORATION," | |
|------------------------|--|--|---------|
| | | | |
| (If name unavail | able in Florida, enter alternate corporate name | adopted for the purpose of transacting business in Flor | ida) |
| _{2.} Delaware | 9 , | 11-2638720 | |
| _, | y under the law of which it is incorporated) | (FEI number, if applicable) | |
| 4 August 1 | , 1996 ₅ | Perpetual | |
| '· | of incorporation) | (Duration: Year corp. will cease to exist or "perpetu | al") |
| January | 14, 2014 | | |
| | • | n Florida, if prior to registration) 502, F.S., to determine penalty liability) | |
| , 369 Bayv | iew Avenue, Amityville, Ne | ew York 11701 | |
| | (Principal office add | · · | |
| 369 Bayvi | ew Avenue, Amityville, New | York 11701 | |
| | (Current mailing add | ress) | |
| 3. Name and stree | et address of Florida registered agent: (P.G | O. Box NOT acceptable) | 15 APR |
| Name: | Corporation Service Compa | any | λ-8 |
| Office Address: | 1201 Hays Street | | A |
| | Tallahassee | , Florida 32301 | ထု |
| | (City) | (Zip code) | <u></u> |

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.

Maris McCulley Asst. Sec.
(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: | | |
| Address: | | |
| | | |
| Vice Chairman: | | |
| Address: | | |
| | | |
| Director: Rajat Rai | | |
| Address: 1925 W. Field Court, Suite 300 | | |
| Lake Forest, Illinois 60045 | | |
| Director: Joseph Bonaccorsi | | r** |
| Address: 1925 W. Field Court, Suite 300 | 15.1 | SIAII |
| Lake Forest, Illinois 60045 | PR | SK C |
| B. OFFICERS | 8 | F CO |
| President: Bruce Kutinsky | AH | RY OF S AT |
| Address: 1925 W. Field Court, Suite 300 | | A 2. |
| Lake Forest, Illinois 60045 | | 7, |
| Vice President: Timothy Dick | | |
| Address: 1925 W. Field Court, Suite 300 | | |
| Lake Forest, Illinois 60045 | | |
| Secretary: Joseph Bonaccorsi | | |
| Address: 1925 W. Field Court, Suite 300, Lake Forest, Illinois 60045 | | |
| Treasurer: | | |
| Address: | | ·········· |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or | r directors. | |
| 12. Signature of Director or Officer | | |
| Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the f | facto ototad ha | rei n |
| are true and that he or she is aware that false information submitted in a document to the Department | | |
| a third degree felony as provided for in s.817.155, F.S. | | |
| 13. Joseph Bonaccorsi, Secretary | | |

Addendum

Additional Director:

Timothy Dick 1925 W. Field Court, Suite 300 Lake Forest, Illinois 60045

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HI-TECH PHARMACAL CO., 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 SIXTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HI-TECH PHARMACAL CO., INC." WAS INCORPORATED ON THE FIRST DAY OF AUGUST, A.D. 1996.

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.

15 APR -8 AH 8: 15

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AUTHENTICATION: 2265546

DATE: 04-06-15

150471225