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.

(((H15000096274 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCAC00000023 Phone : (85C)205-8842 Fax Number : (85C)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 **Journey Medical Corporation**

Certificate of Status	0
Certified Copy	0
Page Count	05
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: New Filing Sec Division of Cor			
SUBJECT: Journ	ney Medical Corp	oration	
	Name of corporat	ion - must include suffix	
Dear Sir or Madam:			
"Certificate of Existenc	ion by Foreign Corporation se," or "Certificate of Good Son corporation to transact bus	Standing" and check are sub	ct Business in Florida," omitted to register the
Please return all corresp	ondence concerning this ma	tter to the following:	
Claude Marac	oui		
· 	Name	of Person	
Journey Medi	cal Corporation		
	Firm/C	Company	
9237 Via de \	/entura Blvd, Sui	te 135	
Scottsdale, A	• • • • • • • • • • • • • • • • • • • •	idress	
	City/Stat	e and Zip code	
cmaraoui@joui	neymedicalcorp.co		
· -	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, plea-	se cail:	
Cladue Marac	oui at (480	434-6671 es Code & Daytime Teleph	
Name of Perso	n Ar	ea Code & Daytime Teleph	one Number
STREET/COUNTY ST	porations B : Center Circle	MAILING A New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a check for	the following amount:		
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87,50 Filing Fee, Certificate of Status & Certified Copy

FLB19 - 06/13/2014 Wolcon Klever Office

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

	tion; must include "INCORPORATI Inc," "Co," or "Corp.")	ED,	"COMPANY," "CORPORATION,"	
	Florida, enter alternate corporate ne	ine :	adopted for the purpose of transacting business in Florida)	
Delaware	er the law of which it is incorporated	3.	47-1879539 (FEI number, if applicable)	•
•	at the raw of wincu it is memberated	,		
07/18/2014	porporation)	5.	perpetual (Duration: Year corp. will cease to exist or "perpetual")	
•	orporesion)		(Extration: 1 car corp. with cease to extra or perpetual)	
July 1, 2015	Character to second buring		ı Florida, if prior to registration)	-
	(SEE SECTIONS 607.1501 & 60	7.15	502, F.S., to determine penalty liability)	
9237 Via de V	entura Blvd, Suite 135 Scotts			
	(Principal office	-	•	15
9237 Via de V	entura Blvd, Suite 135 Scotts			
	(Current mailing	edd	res)	APR
		_		20
ame and street add	ress of Florida registered agent:	(P.C	J. Box NOT acceptable)	
Name:	C T Corporation System			T
ce Address:	1200 South Pine Island Road			ċ
ze Modrass	Plantation		Florida 33324	59
	(City)		(Zip code)	
gnated in this application of the comparison of	s registered agent and to accept . lication, I hereby accept the app ly with the provisions of all statu	oint tes	ice of process for the above stated corporation at the ment as registered agent and agree to act in this cup relative to the proper and complete performance of t of my position as registered agent.	acity. I
Ву:	morporation System Market Registered agen			
Attached is a cert	ficate of existence duly authentice, by the Secretary of State or of	ated acr (l, not more than 90 days prior to delivery of this application from the juri	ation to sdiction

11. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman: Lindsay A. Rosenwald, MD - Sole Director		_
Address: 6 Forest Lane		_
Lawrence, NY 11559		_
Vice Chairman:		_
Address:		_
		_
Director:		_
Address:		_
		_
Director:		<u></u>
Address:	35	.¥ISE 938
	R CA	
B. OFFICERS	0	- F CC
President: Claude Maraoui - President and CEO	H	第907 1707
Address: 10020 N 111th Place	_ \text{\tin}\exitt{\text{\tin}\text{\tex{\tex	- 100 221
Scottsdale, AZ 85259	9	0.4
Vice President: Robyn M. Hunter - Secretary & Treasurer		
Address: 32 Cedar Hill Road		_
Dover, MA 02030		_
Secretary:		_
Address:		_
Treasurer:		_
Address:		_
NOTE: If the essary, you may attach an addendum to the application listing additional officers and/or directors.		
Maud Starogeii		
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 I are true and that he or she is aware that false information submitted in a document to the Department of State cons a third degree felony as provided for in s.817.155, F.S.		-

13. Claude Maraoui - President and CEO
(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 "JOURNEY MEDICAL CORPORATION" 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
APRIL, A.D. 2015.

AND I DO HERBY 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

15 APR 20 AM 8: 59

5571132 8300

150532802

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

AUTHENTICATION: 2303992

DATE: 04-20-15