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7/1/2015 11:27:40 AM From: To: 8506176383 /5
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Account Number : FCA000000023
Phone : (850) 205-8842
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FOREIGN PROFIT/NONPROFIT CORPORATION

Aceto Pharma Corp

Certificate of Status	0
Certified Copy	0
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K. SALY
EXAMINER
JUL -2 2015

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ACETO PHARMA 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:

CECELIA AUTAR

Name of Person

ACETO PHARMA CORP

Firm/Company

4 TRI HARBOR COURT

Address

PORT WASHINGTON, NY 11050

City/State and Zip code

CAUTAR@ACETO.COM

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

For further information concerning this matter, please call:

CECELIA AUTAR

at (516) 478-9523

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. ACETO PHARMA CORP.

(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. 20-4888276
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05-09-2006 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 4 TRI HARBOR COURT, PORT WASHINGTON, NY 11050
(Principal office address)
4 TRI HARBOR COURT, PORT WASHINGTON, NY 11050
(Current mailing address)

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

Name: CT 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.

CT Corporation System
By: Joseph Tamimi **Joseph Tamimi**
(Registered agent's signature) **Assistant Secretary**

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.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SALVATORE GUCCIONE - PRESIDENT

Address: C/O 4 TRI HARBOR COURT, PORT WASHINGTON, NY 11050

Vice Chairman: FRANK DEBENEDITTIS - FIRST VICE PRESIDENT

Address: C/O 4 TRI HARBOR COURT, PORT WASHINGTON, NY 11050

Director: DOUGLAS ROTH - TREASURER & SECRETARY

Address: C/O 4 TRI HARBOR COURT, PORT WASHINGTON, NY 11050

Director:

Address:

B. OFFICERS

President: SALVATORE GUCCIONE - PRESIDENT

Address: C/O 4 TRI HARBOR COURT, PORT WASHINGTON, NY 11050

Vice President: FRANK DEBENEDITTIS - FIRST VICE PRESIDENT

Address: C/O 4 TRI HARBOR COURT, PORT WASHINGTON, NY 11050

Secretary: DOUGLAS ROTH - TREASURER & SECRETARY

Address: C/O 4 TRI HARBOR COURT, PORT WASHINGTON, NY 11050

Treasurer:

Address:

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.

DOUGLAS ROTH

(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 "ACETO PHARMA CORP." 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 TWENTY-SIXTH DAY OF JUNE, 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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4155592 8300

150980851

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2507448

DATE: 06-26-15