

FP000003282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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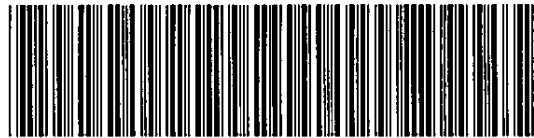
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

RECEIVED
15 JUL 27 PM 4:16
DIVISION OF CORPORATIONS

JUL 28 2015

S. YOUNG

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 717625 7971211

AUTHORIZATION :

COST LIMIT : \$10.00

ORDER DATE : July 21, 2015

ORDER TIME : 3:43 PM

ORDER NO. : 717625-020

CUSTOMER NO: 7971211

FOREIGN FILINGS

NAME: ALLIQUA BIOMEDICAL, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLIQUA BIOMEDICAL, 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:

Brian M. Posner

Name of Person

Alliqua BioMedical, Inc.

Firm/Company

2150 Cabot Blvd. West

Address

Longhorne, PA 19047

City/State and Zip code

bposner@alliqua.com

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

For further information concerning this matter, please call:

Brian Posner

at

(267)

326-1805

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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. ALLIQUA BIOMEDICAL, INC.

(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)
DE

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/15/2014 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 2150 CABOT BLVD WEST, SUITE B LANGHORNE, PA 19047
(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street


Tallahassee, Florida 32301
(City) (Zip code)

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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.

Corporation Service Company

By: 
(Registered agent's signature)

**Courtney Williams
Asst. Vice President**

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: Please see attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please see attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Brian M. Posner

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. BRIAN M. POSNER, CFO

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

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JUL 27 AM 9:15
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TALLAHASSEE, FLORIDA

ALLIQUA BIOMEDICAL, INC.

List of Officers and Directors

Name and Addresses of Officers:

DAVID JOHNSON, CEO 2150 CABOT BLVD WEST, SUITE B, LANGHORNE, PA 19047

BRIAN POSNER, CFO 2150 CABOT BLVD WEST, SUITE B, LANGHORNE, PA 19047

BRAD BARTON, COO 2150 CABOT BLVD WEST, SUITE B, LANGHORNE, PA 19047

NINO PIONATI, CHIEF STRATEGY AND MARKETING OFFICER

2150 CABOT BLVD WEST, SUITE B, LANGHORNE, PA 19047

DR. JANICE SMIELL, M.D., CHIEF MEDICAL OFFICER

2150 CABOT BLVD WEST, SUITE B, LANGHORNE, PA 19047

GREGORY ROBB, VP OF OPERATIONS

2150 CABOT BLVD WEST, SUITE B, LANGHORNE, PA 19047

Name and Addresses of Directors:

ANDREW AFRICK, DIRECTOR 2150 CABOT BLVD WEST, SUITE B, LANGHORNE, PA 19047

DAVID JOHNSON, DIRECTOR 2150 CABOT BLVD WEST, SUITE B, LANGHORNE, PA 19047

PERRY KARSEN, DIRECTOR 2150 CABOT BLVD WEST, SUITE B, LANGHORNE, PA 19047

JOSEPH LEONE, DIRECTOR 2150 CABOT BLVD WEST, SUITE B, LANGHORNE, PA 19047

GARY RESTANI, DIRECTOR 2150 CABOT BLVD WEST, SUITE B, LANGHORNE, PA 19047

JEFFREY SKLAR, DIRECTOR 2150 CABOT BLVD WEST, SUITE B, LANGHORNE, PA 19047

MARK WAGNER, DIRECTOR 2150 CABOT BLVD WEST, SUITE B, LANGHORNE, PA 19047

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 15 JUL 27 AM 9:45
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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLIQUA BIOMEDICAL, 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 TWENTY-SEVENTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLIQUA BIOMEDICAL, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF APRIL, A.D. 2014.

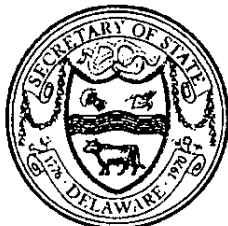
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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

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15 JUL 27 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5516925 8300

151097121



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2591478

DATE: 07-27-15