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(((H150001950153)))



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To:

Division of Corporations

Fax Number : (850)617-6383

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

Tribute Pharmaceuticals US Inc.

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

.....AUG 13. 2015

S. YOUNG

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8/12/2015

#### **COVER LETTER**

TO: Registration Sec Division of Cor				
SUBJECT: Tribute Pl	rarmaceuticals US Inc.			
SCHOLECT:	Name of corporation	n - must include suffix		<del></del>
Dear Sir or Madam:			·	
"Certificate of Existence	ion by Foreign Corporation for e," or "Certificate of Good Sta n corporation to transact busin	uding" and check are sul	act Business in Florida committed to register the	a <b>,"</b> " :
Please return all corresp	ondence concerning this matte	er to the following:		
Daniel Elliott Howell				
	Name of	Person		
Troutman Sanders LLP				
	Firm/Con	npany		
222 Central Park Avenue,	Suite 2000			
	Add	ress		
Virginia Beach, VA 2346	1			
	City/State	and Zip code	·····	
dan.howell@troutmantane				
	E-mail address: (to be used	for future annual report	notification)	ි <sub>ට</sub> <b></b>
For further information	concerning this matter, please	call:	, ;	ੇ ਵੇ <b>ਡ</b> .
Daniel Elliott Howell	0.0		1	
	at (13/		<u> </u>	312
Name of Person	n Area Co	ie Daytime Telep	hone Number ::1	第 章 七
			בור. מבני	φ <b>35</b> • • • • • • • • • • • • • • • • • • •
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	iection >= orporations 7	3: 22 ATE
Enclosed is a check for	he following amount:			
□ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	J \$78.75 Filing Fee & Certified Copy	\$87.50 Filing For Certificate of S	tatus &

## 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.

	ceuticals US Inc.		
(Enter name of c	corporation; must include "INCORPORATED," Corp," "Ina," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	business in Florida)
Delaware	3 '	17- 4149342	
(State or count	y under the law of which it is incorporated)	(FE) number, if appli	
May 19, 2015	5	(Date of duration, if other th	
(Date	of incorporation)	(Dute of duration, if other th	an perpetual)
2015 Ayraley To	(Date first transacted business in l (SEE SECTIONS 607,1501 & 607,150) wn Blvd, Suite 202, Charlone, NC 28273	2, F.S., to determine penalty liability	)
		l office address)	<del></del>
	(Current mailing	address, if different)	· · · · · · · · · · · · · · · · · · ·
N	·		
Name and street	st address of Florida registered agent: (P.O.		
Name and <u>stree</u>	et address of Florida registered agent: (P.O.  C T Corporation System		~~ <b></b>
Name:	st address of Florida registered agent: (P.O.		75 AU6
Name:	et address of Florida registered agent: (P.O.  C T Corporation System	Box <u>NOT</u> acceptable)	SECULLARIAN
Name:	et address of Florida registered agent: (P.O. C T Corporation System 1200 South Pine Island Road		AUS 12
Name: Office Address:	et address of Florida registered agent: (P.O. C T Corporation System  1200 South Pine Island Road  Plantation  (City)	Box NOT acceptable) , Florida 33324	8FORETACY OF STANKING SEE, FILL
Name:  Office Address:  Registered agraining been name	et address of Florida registered agent: (P.O. C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: led as registered agent and to accept service	Box NOT acceptable) , Florida 33324(Zip code)  s of process for the above stated	Corporation at the place
Name: ffice Address: Registered ag- faving been namesignated in this arther agree to c	et address of Florida registered agent: (P.O. C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes re-	Box NOT acceptable) , Florida 33324 (Zip code)  e of process for the above stated cent as registered agent and agree lative to the proper and complete	corporation at the place to act in this capacity.
Name:  office Address:  Registered ag- laving been namesignated in this arther agree to c	et address of Florida registered agent: (P.O.  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment of the appoi	Box NOT acceptable) , Florida 33324, Florida (Zip code)  s of process for the above stated cent as registered agent and agree lative to the proper and complete my position as registered agent.	corporation at the place to act in this capacity.
Name:  Office Address:  Registered ag- Taving been namesignated in this arther agree to contact.	et address of Florida registered agent: (P.O. C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes re-	Box NOT acceptable) , Florida 33324, Florida (Zip code)  e of process for the above stated cent as registered agent and agree lative to the proper and complete my position as registered agent.	corporation at the place to act in this capacity.
Name:  Office Address:  Registered ag- Taving been namesignated in this arther agree to contact.	et address of Florida registered agent: (P.O.  C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment of the appoi	Box NOT acceptable) , Florida 33324	corporation at the place to act in this capacity.

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.

II. Nan	nes and business addresses of officers and/or directors:		
A. DIR	ECTORS		
Chairman	Robert P. Harris	**************************************	
Address:	2015 Ayrsley Town Bivd, Suite 202, Charlotte, NC 28273	<del></del>	
Vice Cha	irman;		
Address:			
Director:	William R. Maichle		
Address:	2015 Ayrsley Town Blvd, Suite 202, Charlotte, NC 28273	<del></del>	
Director:	Scott Langille		
Address:	2015 Ayrsiey Town Blvd, Suite 202, Charlotte, NC 28273		
B. OFF	William R. Maichle	ं ज	
Address:	2015 Ayrsloy Town Blvd, Suite 202, Charlotto, NC 28273	2000年7月	
Vice Pres	ident:		ļ
Address:			
Secretary:	Janice Clarko	<u> </u>	
Address:	2015 Ayrsley Town Blvd, Suite 202, Charlotte, NC 28273		
Treasurer	Scott Langille (Chief Financial Officer)		
Address:	2015 Ayrsley Town Blvd, Suite 202, Charlotte, NC 28273		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or	directors.	
are true a	Signature of Director or Officer  ser or director signing this document (and who is listed in number 11 above) affirms that the factor of that he or she is aware that false information submitted in a document to the Department of the gree felony as provided for in s.817.155, F.S.	cts stated herein f State constitutes	
	(Typed or printed name and capacity of person signing application)		

# Delaware

DACE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TRIBUTE PHARMACEUTICALS US 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 TWELFTH DAY OF
AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

TILEU M 9 23

5750041 8300

151161850

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

AUTHENTY CATION: 2637381

DATE: 08-12-15