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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 annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Achillion Pharmaceuticals, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2015 DEC 10 P 1:20

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DEC 11 2015
J. BRUCE

**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. Achillion Pharmaceuticals, 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)

2. Delaware 3. 52-2113479
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/17/1998 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Qualification

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

7. 300 George Street, New Haven, CT 06511
(Principal office address)

same
(Current mailing address, if different)

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

Name: C T 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.

C T Corporation System

By: Keneisha Jones - VP

(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.

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

A. DIRECTORS SEE ATTACHMENT

Chairman: David Scheer

Address: 300 George Street

New Haven, CT 06511

Vice Chairman: _____

Address: _____

Director: Millind Deshpande

Address: 300 George Street

New Haven, CT 06511

Director: Jason S. Fisherman

Address: 300 George Street

New Haven, CT 06511

B. OFFICERS SEE ATTACHMENT

President: _____

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. Mary Kay Fenton

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. Mary Kay Fenton, Secretary

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

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TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

1	Full Name:	Milind Deshpande
	Officer/Director:	Officer, Director
	Officer's Title:	President and CEO
	Director's Title:	Other Director
	Business Address:	300 George Street
	City:	New Haven
	State:	CT
	ZIP Code:	06511
2	Full Name:	Mary Kay Fenton
	Officer/Director:	Officer
	Officer's Title:	Executive Vice President, CFO and Secretary
	Director's Title:	
	Business Address:	300 George Street
	City:	New Haven
	State:	CT
	ZIP Code:	06511
3	Full Name:	Gary E. Frasier
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Other Director
	Business Address:	300 George Street
	City:	New Haven
	State:	CT
	ZIP Code:	06511
4	Full Name:	Kurt Graves
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Other Director
	Business Address:	300 George Street
	City:	New Haven
	State:	CT
	ZIP Code:	06511

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TALLAHASSEE, FLORIDA

5	Full Name:	Michael D. Kishbauch
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Other Director
	Business Address:	300 George Street
	City:	New Haven
	State:	CT
	ZIP Code:	06511
6	Full Name:	Robert L. Van Nostrand
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Other Director
	Business Address:	300 George Street
	City:	New Haven
	State:	CT
	ZIP Code:	06511
7	Full Name:	Nicole Vitullo
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Other Director
	Business Address:	300 George Street
	City:	New Haven
	State:	CT
	ZIP Code:	06511

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The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACHILLION PHARMACEUTICALS, 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 TENTH DAY OF DECEMBER, A.D. 2015.

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

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



2929648 8300

SR# 20151292154

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 10590110

Date: 12-10-15