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DATE: 1/6/16

NAME: JUPITER ORPHAN THERAPEUTICS, INC

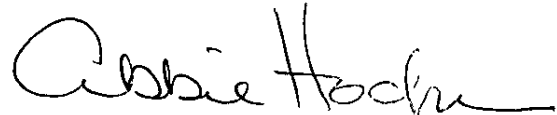
TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jupiter Orphan Therapeutics, 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:

Loraine Torres, Paralegal

Name of Person

Cooley LLP

Firm/Company

380 Interlocken Crescent, Suite 900

Address

Broomfield, CO 80021

City/State and Zip code

c.rosen@jupiterorphan.com

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

For further information concerning this matter, please call:

Loraine Torres

at (720) 566-4000

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

**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.*

Jupiter Orphan Therapeutics, Inc.

1. _____
(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)

Delaware

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

01 / 01 / 2016

4. _____ 5. _____
(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. _____
(Principal office address)

601 Heritage Drive, Jupiter, FL 33458

(Current mailing address, if different)

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

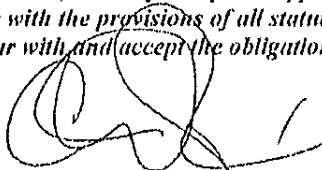
Name: Christer Rosén

Office Address: 511 Bald Eagle Drive,

Jupiter _____, Florida 33477
(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.



(Registered agent's signature)

Christer Rosén

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

Chairman: Christer Rosén

Address: c/o Jupiter Orphan Therapeutics, Inc., 601 Heritage Drive, Jupiter, FL 33458

Director: Dr. Claes Wahlestedt (a Director)
Vice Chairman:

Address: c/o Jupiter Orphan Therapeutics, Inc., 601 Heritage Drive, Jupiter, FL 33458

Director: Marshall Hayward

Address: c/o Jupiter Orphan Therapeutics, Inc., 601 Heritage Drive, Jupiter, FL 33458

Director: Jacob Uittenbogaard

Address: c/o Jupiter Orphan Therapeutics, Inc., 601 Heritage Drive, Jupiter, FL 33458

B. OFFICERS

President: Christer Rosén (and CEO)

Address: c/o Jupiter Orphan Therapeutics, Inc., 601 Heritage Drive, Jupiter, FL 33458

Vice President: Dr. Claes Wahlestedt (Chief Medical Officer) and Marshall Hayward, Ph.D. (Chief Science Officer)

Address: c/o Jupiter Orphan Therapeutics, Inc., 601 Heritage Drive, Jupiter, FL 33458

Secretary: Jacob Uittenbogaard

Address: c/o Jupiter Orphan Therapeutics, Inc., 601 Heritage Drive, Jupiter, FL 33458

Treasurer: Jacob Uittenbogaard (and Chief Financial Officer)

Address: c/o Jupiter Orphan Therapeutics, Inc., 601 Heritage Drive, Jupiter, FL 33458

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 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. Christer Rosén, President and CEO

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

16 JAN -6 AM 8:52
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 01-16-06 BY 60322 UCBAW

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JUPITER ORPHAN THERAPEUTICS, 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 SIXTH DAY OF JANUARY, A.D. 2016.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JUPITER ORPHAN THERAPEUTICS, INC." WAS INCORPORATED ON THE FIRST DAY OF JANUARY, A.D. 2016.

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



5922623 8300

SR# 20160077180

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: 201626612

Date: 01-06-16