

F16000001246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

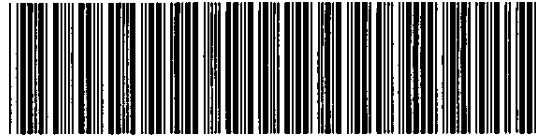
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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BENJAMIN R. BARNETT
SECRETARY OF STATE

16 MAR 15 AM 11:26

K. SALY
EXAMINER
MAR 16

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

ACCOUNT NO. : I20000000195
REFERENCE : 056007 7919490
AUTHORIZATION : 
COST LIMIT : \$ 87.50

ORDER DATE : March 14, 2016
ORDER TIME : 12:20 PM
ORDER NO. : 056007-005
CUSTOMER NO: 7919490

FOREIGN FILINGS

NAME: INVAGEN PHARMACEUTICALS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: InvaGen Pharmaceuticals, 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:

Ram Mohan Kathuroju

Name of Person

InvaGen Pharmaceuticals, Inc.

Firm/Company

7 Oser Ave

Address

Hauppauge, NY 11788

City/State and Zip code

ramk@invagen.com

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

For further information concerning this matter, please call:

Ram Mohan Kathuroju

631

231-3233

at (_____) _____

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:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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. InvaGen 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. New York 3. 201420845
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 21, 2003 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. NA
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 7 Oser Ave, Hauppauge, NY 11788
(Principal office address)
- same as above
(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.



(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: Timothy Charles Crew (Executive Vice President, Executive Chairman and Secretary)

Address: 483 Savoie Drive, Palm Beach Gardens, FL 33410

Vice Chairman: Ajay Mangilal Luharuka (Executive Vice President and Chief Financial Officer)

Address: Bdlg 3B/704, Siddhivinayak CHS, Asha Nagar, Kandlivali (E), Mumbai 400101, India

Director: Nikhil Suresh Lalwani (Executive Vice President and Chief Integration Officer)

Address: 17/270 Hindustan CHS, Linking Road, Bandra, Mumbai 400050, India

Director:

Address:

B. OFFICERS

President: Sudhakar R. Vidiyala (Chief Executive Officer and President)

Address: 12 Tap Court, Nesconset, NY 11767

Vice President: Madhava U. Reddy (Chief Operating Officer)

Address: 50 Landview Dr, Dix Hills, 11746

Secretary: Timothy Crew (Executive Vice President, Executive Chairman and Secretary)

Address: 483 Savoie Drive, Palm Beach Gardens, FL 33410

Treasurer: Ajay Mangilal Luharuka (Executive Vice President and Chief Financial Officer)

Address: Bdlg 3B/704, Siddhivinayak CHS, Asha Nagar, Kandlivali (E), Mumbai 400101, India

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

12. Pl. see next page

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. Pl. see next page

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

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Nikhil Suresh Lalwani (Executive Vice President and Chief Integration Officer)

Address: 17/270 Hindustan CHS, Linking Road, Bandra, Mumbai 400050, India

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. V. S. Law

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. SUDHAKAR R. VIDYALA - CHIEF EXECUTIVE OFFICER AND PRESIDENT)

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

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TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of INVAGEN PHARMACEUTICALS INC. was filed on 11/21/2003, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 11th day of March
two thousand and sixteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

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