

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000079145 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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. **

r	4	٦.	Ndd	

- 0.4 2

FOREIGN PROFIT/NONPROFIT CORPORATION

Pierre Fabre Pharmaceuticals, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporati	ons	
SUBJECT: PIERRE FABR.	E PHARMACEUTICALS,	NC.
	Name of corporation	- must include suffix
Dear Sir or Madam:		
"Certificate of Existence," or	"Certificate of Good Star	ding" and check are submitted to register the
Please return all corresponder	nce concerning this matter	to the following:
Kristen Ryan	Corporations EE FABRE PHARMACEUTICALS, INC. Name of corporation - must include suffix Eation by Foreign Corporation for Authorization to Transact Business in Florida," ence," or "Certificate of Good Standing" and check are submitted to register the eign corporation to transact business in Florida. Espondence concerning this matter to the following: Name of Person RMACEUTICALS, INC. Firm/Company Address City/State and Zip code ore com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: at (973	
The second secon	Name of	Person
PIERRE FABRE PHARMACE	JTICALS, INC.	
	Firm/Com	pany
8 Campus Dr.		· .
	Addre	ess
Parsippany, NJ 07054		
	City/State a	nd Zip code
kristen.ryan@pierre-fabre.com		
E-i	nail address: (to be used t	or future annual report notification)
For further information conce	rning this matter, please o	all:
Kristen Ryan	973	355-8046
Name of Person	at (at Code	Daytime Telephone Number
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons r Circle	Registration Section Division of Corporations P.O. Box 6327
Enclosed is a check for the fol	lowing amount:	
-	78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

·	E PHARMACEUTICALS, INC.			
(Enter name of c	corporation; must include "INCORPORATED," Corp." "Inc," "Co," or "Corp.")	' "COMPANY," "CORPORATI	ON,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transac	ting business in Florida)	
D 1		20-3804871		
(State or country under the law of which it is incorporated) 04/08/2005		(FEI number, if applicable)		
	of incorporation) 5.	Perpetual (Date of duration, if other than perpetual)		
8 Campus Dr. Pi	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 arsippany, NJ 07054	Florida, if prior to registration) 02, F.S., to determine penalty liab	pility)	
		al office address)		
	(Current mailin	g address, if different)		
Name and stree	et address of Florida registered agent: (P.O C T Corporation System	Box <u>NOT</u> acceptable)	2018 HAR - CRETA	
fice Address:	1200 South Pine Island Road		- 50 A	
1100 1 1221 0 30.	Plantation, FL 33324	, Florida (Zip code)		
	(City)	(Zip code)	D No. 24 STATE FLORIDA	
	ent's acceptance: ed as registered agent and to accept servic application. I berefy accept the appointment	ce of process for the above sta ent as registered agent and up	ted corporation at the pla	
rsignated in this rther agree to co uties, and I am f	omply with the provisions of all statutes reamiliar with and accept the obligations of CT Corporation Sy (Registered as	elative to the proper and comp my position as registered age	lete performance of my	

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: SEE ATTACHED and the second s Vice Chairman: Address: __ Director: __ Address: ____ **B. OFFICERS** SEE ATTACHED President: and the state of t Vice President: Address: Secretary: ___ Address: ___ Treasurer: NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. 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. Nicholas Pizzie, CFO

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

<u>Delaware</u> The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PIERRE FABRE 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 TWENTY-FOURTH DAY OF MARCH, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

3952697 8300

Authentication: 202040486

Date: 03-24-16

SR# 20161861306

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



Laurent-Emmanuel Saffre President & CEO

Nicholas Pizzie Chief Financial Officer

Vice President Assistant Secretary

Anthony Carroll Secretary

2016 MAR 30 A 10: 24