

F 16000002250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

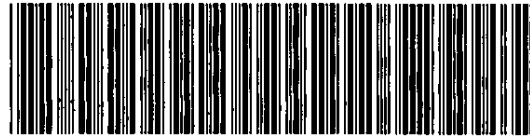
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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16 MAY 13 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 17 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDARTIS 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:

CODY FLORINDI

Name of Person

MEDARTIS INC.

Firm/Company

2125 CENTER AVENUE, SUITE 507

Address

FORT LEE, NJ 07024

City/State and Zip code

FLORINDI@NWM-USA.COM

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

For further information concerning this matter, please call:

CODY FLORINDI

888

986-3327

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:

☒ \$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.*

1. MEDARTIS 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. 201632320

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 09/09/2004

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. 224 VALLEY CREEK BOULEVARD, SUITE 100, EXTON, PA 19341

(Principal office address)

2125 CENTER AVENUE, SUITE 507, FORT LEE, NJ 07024

(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

32301

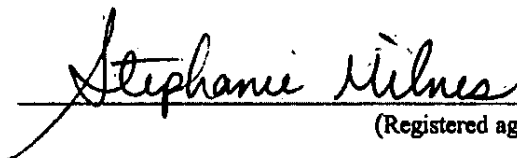
(City)

(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.

Stephanie Milnes
Asst. Vice President



(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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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: WILLI MIESCH
Address: HOCHBERGERSTRASSE 60 E
BASEL, SWITZERLAND 4057

Vice Chairman: THOMAS STRAUMANN
Address: HOCHBERGERSTRASSE 60 E
BASEL, SWITZERLAND 4057

Director: DOMINIK ELLENRIEDER
Address: HOCHBERGERSTRASSE 60 E
BASEL, SWITZERLAND 4057

Director: JUERG GREUTER
Address: HOCHBERGERSTRASSE 60 E
BASEL, SWITZERLAND 4057

B. OFFICERS

President: WILLI MIESCH
Address: HOCHBERGERSTRASSE 60 E
BASEL, SWITZERLAND 4057

Vice President: _____
Address: _____

Secretary: DOMINIQUE LEUTWYLER
Address: HOCHBERGERSTRASSE 60 E, BASEL, SWITZERLAND 4057

Treasurer: _____
Address: _____

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. Dominique Leutwyler, CFO
(Typed or printed name and capacity of person signing application)

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16 MAY 13 PM 4:15
TALLAHASSEE, FLORIDA

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MEDARTIS 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 FOURTH DAY OF MAY, A.D. 2016.



3852327 8300

SR# 20162702109

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: 202255539

Date: 05-04-16