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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCAC00000023
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.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
PAR PHARMACEUTICAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

*** Please file 2nd after the Inc. has been withdrawn***

2016 AUG 16 PM12:56

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AUG 17 2016

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**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. Par Pharmaceutical, 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

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

3. 22-2228342

(FEI number, if applicable)

4. 06/20/2016

(Date of incorporation)

5. Perpetual

(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. One Ram Ridge Road, Chestnut Ridge, NY 10977

(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

(City)

, Florida 33324

(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: Connie Buzza

(Registered agent's signature) (Reg)

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: SEE ATTACHMENT

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHMENT

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. _____

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. Deanna Voss, Asst. Secretary

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

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TALLAHASSEE, FL 32310
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PAR PHARMACEUTICAL, INC.

OFFICERS

Business Address - One Ram Ridge Road, Chestnut Ridge, NY 10977

Chief Executive Officer	Rajiv De Silva
President	Paul V. Campanelli
Executive Vice President, Chief Legal Officer & Secretary	Matthew J. Maletta
Executive Vice President and Chief Financial Officer	Suketu P. Upadhyay
Executive Vice President, Human Resources	Lawrence A. Cunningham
Senior Vice President, Tax	Laurence S. Smith
Senior Vice President and Treasurer	Karen A. Wallace
Senior Vice President, Controller and Chief Accounting Officer	Daniel A. Rudio
Vice President, Legal	Barry J. Gilman
Vice President, Operations	Terrance J. Coughlin
Vice President, Finance	Joel Morales
Assistant Secretary	Deanna Voss

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DIRECTORS

Business Address - One Ram Ridge Road, Chestnut Ridge, NY 10977

Rajiv De Silva, Chairman
Paul V. Campanelli
Suketu P. Upadhyay

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of PAR PHARMACEUTICAL, INC. was filed on 06/20/2016, under the name of PPI MERGER SUB, INC., 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.

A Certificate of Amendment PPI MERGER SUB, INC., changing its name to PAR PHARMACEUTICAL, INC. , was filed 07/01/2016.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 12th day of August
two thousand and sixteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

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