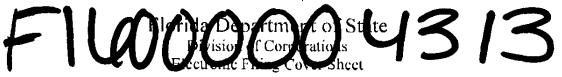
9/27/2016

Division of Corporations



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.

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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.

Email	Address:			

FOREIGN PROFIT/NONPROFIT CORPORATION

Lexicon Pharmaceuticals, Inc.

Certificate of Status	0
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Page Count	06
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Help

COVER LETTER

TO:		tration Section of Cor		ions				
SUBJI	ECT:	LEXICON	N PHA	RMACEU	TICALS, I	VC.		
				Name	of corpor	ation -	must include suffix	
Dear Si	ir or M	adam:						
"Certiff	icate of	Existence	e," or	"Certifica	te of Good	Standi		act Business in Florida," bmitted to register the
Please	return :	all corresp	onde	nce concer	ning this n	atter to	the following:	
Brian C	run							
`	<u> </u>				Nam	e of Pe	rson	· · · · · · · · · · · · · · · · · · ·
LEXIC	ON PH.	ARMACEI	JTIC	ALS, INC.				
					Firm	Compa	iny	
8800 Te	chnolo	gy Forest P	1					
		· · · · · · · · · · · · · · · · · · ·			F	Address	3	
The Wo	odland	s, TX - 773	81					
					City/St	ate and	Zip code	**************************************
borum@	clexpha	rma.com						
	,,,,,		E-	mail addre	ss: (to be u	sed for	future annual report	notification)
For furt	iher inf	ormation (conce	erning this	matter, ple	ase cal	1:	
Brian Crum at (at			863-3443					
	Name	of Person	}		Area	Code	Daytime Telep	phone Number
	Regist Divisi Clifto 2661 I Tallah	tration Secon of Corp on Building Executive lassee, FL	ction porati Cente 3230	er Circle) }			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27
Enclose \$70.			a s	llowing an 578.75 Fili Certificate	ng Fec &		\$78.75 Filing Fee & Certified Copy	S87.50 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.

Delaware	able in Florida, enter alternate corporate name ac		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
07/07/1995			
(Date	of incorporation)	(Date of duration, if other than perpetu	ial)
Upon Qualifica	·		•
800 Technology	(Date first transacted business in 1 (SEE SECTIONS 607.1501 & 607.150) Forest PI The Woodlands, TX - 77381		
		office address)	
And the second s	(Current mailing	address, if different)	
Name and <u>stre</u>	C T Corporation System 1200 South Pine Island Road	Box NOT acceptable)	10 SEF 21
fice Address:			77
	Plantation	, Florida	
	(City)	(Zip code)	بخ
			7

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

A. DIRI	Promond Dahhana		
Chairman			·
Address:	8800 Technology Forest Pl., The Woodlands, TX 77381	,	
	Philippe J. Amouyal		
Vice Chai	8800 Technology Forest Pl., The Woodlands, TX 77381		
Address:	Band Feditionegy Poles (11., 11to Woodialies, 12.77361		
Director:	Samuel L. Barker, Ph.D.		
Address:	8800 Technology Forest Pl., The Woodiands, TX 77381		
	Lonnel Coats		
Director:			
Address:	8800 Technology Forest Pl., The Woodlands, TX 77381		
B. OFF	ICERS		
President:	Lonnel Coats		
Address:	8800 Technology Forest Pt., The Woodlands, TX 77381		
Vice Pres	jeffrey L. Wade	න ග	<u>;;</u>
	8800 Technology Forest Pi., The Woodlands, TX 77381	(5)	<u> </u>
Address:		- 	
0	Brian T. Crum	725 24	
Secretary:	8800 Technology Forest Pl., The Woodlands, TX 77381	- 🛱 -	
Address:	James F: Tessmer	23	<u></u>
Treasurer			
Address:	8800 Technology Forest Pl., The Woodlands, TX 77381		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or direct	ors.	
12	Signature of Director or Officer		
The offic	er or director signing this document (and who is listed in number 11 above) affirms that the facts sta	ited her	ein
are true a	and that he or she is aware that false information submitted in a document to the Department of State agree felony as provided for in s.817.155, F.S.	constit	iutes
	n T. Crum, Secretary		
13	(Typed or printed name and capacity of person signing application)		

Lexicon Pharmaceuticals, Inc.

Directors Name

Address

Robert J. Lefkowitz, M.D. 8800 Technology Forest Pl., The Woodlands, TX 77381

Alan S. Nies, M.D. 8800 Technology Forest Pl., The Woodlands, TX 77381

Frank P. Palantoni 8800 Technology Forest Pl., The Woodlands, TX 77381

Christopher J. Sobecki 8800 Technology Forest Pl., The Woodlands, TX 77381

Judith L. Swain, M.D. 8800 Technology Forest Pl., The Woodlands, TX 77381

16 CEP 27 AHIC 27

PRINCIPAL ARY OF STATE AND A STATE OF THE ST



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LEXICON 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-SIXTH DAY OF SEPTEMBER, 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.

2522653 8300

SR# 20165934022

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

Authentication: 203055247

Date: 09-26-16