⊃₌ge 3 of 8 ly Laughrey Divid Corpo ision 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. (((H160003026513))) H160003026513ABCY 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 : (614)280-3338 Fax Number : (954)208-0845 AH 10: \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* S Email Address:\_\_\_

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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: SCPharmaceuticals, 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:

## Kim Myatt

	٦	Name of	Person	na mana sana na mana kana mana mana kana kana kan	
SCPharmaceuticals, Inc.					
	F	irm/Com	pany	۵۰ مېرو د د د د د د د د د د د د د د د د د د د	
131 Hartwell Ave, Suite	215				
**		Addre			
Lexington, MA 02421					
-	Cir	v/State ar	nd Zip code		
KMyatt@scpharma.com	•	,, outo (i			
	E-mail address: (to	be used f	or future annual report	notification)	
For further information	n concerning this matter,	please c	all:		
КМуац	6 at (	17	517-0730		
Name of Perso	at ( at ()n A	rea Code	Daytime Telep	honc Number	
	URIER ADDRESS:		MAILING A		
Registration Se			Registration S		
Division of Corporations Clifton Building 2661 Executive Center Circle			Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for	the following amount:				
□ \$70.00 Filing Fcc	\$78.75 Filing Fee Certificate of State		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

To: Page 5 of 8

## 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.

SCPharmaceut	icals, Inc.		
(Enter name of "Inc.," "Co.," "(	corporation; must include "INCORPORATED," " Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavai	iable in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)	
Delaware		3 465184075	
	ry under the law of which it is incorporated)	(FEI number, if applicable)	
4. March 24, 2014	5		
	e of incorporation)	(Date of duration, if other than perpetual)	
6.			
	(Date first transacted business in Fl (SFE SECTIONS 607.1501 & 607.1502		
7. 131 Hartwell Av	e, Suite 215, Lexington, MA 02421		
	(Principal c	office address)	
131 Hartwell Av	e, Suite 215, Lexington, MA 02421	ALC: NOT	
	(Current mailing a	ddress, if different)	
8. Name and stre	et address of Florida registered agent: (P.O. E		
Name:	C T Corporation System		
Office Address:	1200 South Fine Island Road	OF SINTE	
	Plantation, FL 33324	, Florida	
	(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.

Corporation System **Kristin Bolden** (Registered agent's signassistant Secretary

10. Attached is a cortificate 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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Page 6		
	Plate Museu	
.dinu		E A
Address:		
	Lexington, MA 02421	
Vice Cha	uman:	
Address:		
	Jack Khattar	
Director:	1550 Gude Drive	
Address:		
	Rockville, MD 20850 Kush Parmar	
Director:	28 State Street, Suite 2303	19.8 
Address:	Boston, MA 02109	
B. OFFI		الاروسان و المراجع الم المراجع المراجع
	Distor Muntendom	
eresident:	131 Hartwell Avc	
Aduress:	131 Hartwell Avc Lexington, MA 02421	
Vice Presi	dem:	
	**** *********************************	
Secretary:		
NOTE:	If necessary, you may attach an addendum to the application listi	
12	Signature of Director or Office	)/

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. Pieter Muntendam

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

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12122023573 From: Kimberly Laughrey

12122023573 From: Kimberly Laughrey

scPharmaceuticals Board of Directors with Addresses

- 1) Kush Parmar 28 State Street, Suite 2303 Boston, MA 02109
- 2) Jack Khattar 1550 Gude Drive Rockville, MD, 20850
- 3) Dorothy Coleman 165 Court Street Rochester, NY 14647
- 4) Mette Kirstine Agger
  schefigsvej 7
  DK-2100 Copenhagen (Denmark)
- 5) Leonard Schaffer 1733 Ocean Ave, Suite 325 Santa Monica, CA 90401-3266
- 6) Pieter Muntendam 131 Hartwell Drive, Suite 215 Lexington, MA 02421





Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCPHARMACEUTICALS 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 SECOND DAY OF DECEMBER, 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.

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SR# 20166891632 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203439470 Date: 12-02-16

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