To: Page 3 of 7 2016-12-19 14.26-01 CST

19542080845 From: Ranae McGraw

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12/19/2016

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.

(((H160003101923)))



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To:		
	Division of Cor	porations
	Fax Number	: (850)617-6383
From:		
	Account Name	: C T CORPORATION SYSTEM
	Account Number	: FCA00000023
	Phone	; (614)280-3338
	Fax Number	: (954)208-0845

\*\*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 Lupin Latam, Inc. Certificate of Status 0 Certified Copy 0 RECEIVED Ł 05 Page Count \$70.00 Estimated Charge ອ DEC 2 0 2015 HARRIS 2816

Corporate Filing Menu

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2016-12-19 14 26:01 CST

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19542080845 From: Ranae McGraw

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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: \_\_\_\_\_

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:

Mary Ambacher

		Name of I	Person		
Brown Rudnick LLP					
		Firm/Com	pany		
One Financial Center					
		Addre	SS		
Boston, MA 02111					
		City/State ar	d Zip code		
smoriarty@lupinusa.c	om				
	E-mail address: (	to be used f	or future annual report i	notification)	
For further information	concerning this mat	ter, please c	all:		
	· · · · · · · · · · · · · · · · · · ·				
Mary Ambacher		617	856-8445		
Name of Perso		Area Code	Daytime Telep	hone Number	
STREET/CO	URIER ADDRESS;		MAILING A	DDRESS:	
Registration Se			Registration Section		
Division of Co Clifton Buildir			Division of Corporations P.O. Box 6327		
	e Center Circle		Tallahassee, FL 32314		
Tallahassee, Fl	L 32301				
Enclosed is a check for	the following amou	nt:			
🗖 \$70.00 Filing Fee	<b>\$78.75</b> Filing F Certificate of 1		\$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.

Lupin Latam, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

Delaware		3.	81-4716224	
(State or count	y under the law of which it is incorporated)		(PEI number, if applicable)	
December 15,	2016	5.		
(Dat	of incorporation)		(Date of duration, if other than porpet)	ual)
	(Date first transacted busines (SEE SECTIONS 607.1501 & 60		prida, if prior to registration) F.S., to determine penalty liability)	
5801 Pelican Ba	Blvd, Suite 500, Naples, FL 34108			
	(Pri	icipal o	flice address)	
	(Pri	icipal o	ffice address)	
	·	•	ffice address) idress, il different)	····-
Name and stre	·	iling a	idress, il different)	16
Name and <u>stre</u> Name:	(Current ma	iling a	idress, il different)	-
Name:	(Current ma et address of Florida registered agent: (	iling a	idress, il different)	
	(Current ma et address of Florida registered agent: ( C T Corporation System	iling a	idress, il different)	

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.

Lise Shoerl V.P. (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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19542080845 From: Ranae McGraw

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

A. DIRECTORS	
Chairman:	
Addross:	
Vice Chairman:	<u> </u>
Address:	
Director:	
Address: 5801 Polician Bay Blvd, Suito 500, Naples, FL 34108	
Director:	<u> </u>
Address:	
B. OFFICERS	
President:	
5801 Polican Bay Blvd, Suito 500, Naples, FL 34108	
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Vice President:	R
Aduress:	
Soan Moriarty Secretary:	۲۰ پر محکمہ ۲۰۰۰ محکمہ
Harborplace Tower, 21st Floor, 111 South Calvert Street, Baltimore, MD 21202 Address:	N
Felipe Duran Treasurer:	
5801 Pelican Bay Blvd, Suite 500, Naples, FL 34108 Address:	
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.	
12. Juan Mounts	

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. Sean Moriarty, Secretary

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

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LUPIN LATAM, 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 NINETEENTH 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 ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



Justice w. Suchary of Sime

Authentication: 203541719 Date: 12-19-16

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SR# 20167151400 You may verify this certificate online at corp.delaware.gov/authver.shtml