3/13/2017

Division of Corporations



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Aries Pharmaceuticals, Inc.

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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.

State or country under the law of which it is incorporated State or country under the law of which it is incorporated FEI number, if applicable	(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address, if different) ame and street address of Florida registered agent: (P.O. Box NOT acceptable)	(If name unavaile	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ess in Florida)
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9276 Scranton Road, Suite 600, San Diego, CA 92121 (Principal office address) (Current mailing address, if different)	(Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address, if different) ame and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road	Delaware	3.	81-3494081	
(Date of incorporation) (Date of duration, if other than perpetual) 03/01/2017 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9276 Scranton Road, Suite 600, San Diego, CA 92121 (Principal office address) (Current mailing address, if different)	(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address, if different) ame and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road	(State or countr		* **)
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Registered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated corporation a gnoted in this application, I hereby accept the appointment as registered agent and agree to act in this	ng been named as registered agent and to accept service of process for the above stated corporation at the promoted in this application, I hereby accept the appointment as registered agent and agree to act in this capaci	Registered ag ping been nan Ignated in this	uni's acceptance: ned as registered agent and to accept ser application, I hereby accept the appoin	vice of process for the above stated corpo tment as registered agent and agree to a	oration at the p ct in this capac
Registered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated corporation a ignated in this application, I hereby accept the appointment as registered agent and agree to act in this ther agree to comply with the provisions of all statutes relative to the proper and complete performance	ng been named as registered agent and to accept service of process for the above stated corporation at the pion mated in this application, I hereby accept the appointment as registered agent and agree to act in this capaci For agree to comply with the provisions of all statutes relative to the proper and complete performance of my	Registered ag ving been nan ignated in this iher ugree:to c	ent's acceptance: ned as registered agent and to accept ser application, I hereby accept the appoint comply with the provisions of all statutes	vice of process for the above stated corporated to a stated corporate to a registered agent and agree to a relative to the proper and complete perf	oration at the p ct in this capac
Registered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated corporation a signated in this application, I hereby accept the appointment as registered agent and agree to act in this	ng been named as registered agent and to accept service of process for the above stated corporation at the po- mated in this application, I hereby accept the appointment as registered agent and agree to act in this capact for agree to comply with the provisions of all statutes relative to the proper and complete performance of my is, and I am familiar with and accept the obligations of my position as registered agent.	Registered ag ving been nan ignated in this ther agree to c	eni's acceptance: ned as registered agent and to accept ser application, I hereby accept the appoint comply with the provisions of all statutes familiar with and accept the obligations	vice of process for the above stated corporate to a timent us registered agent and agree to a relative to the proper and complete performy position as registered agent.	oration at the p ct in this capac

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.

Page 4 of 5 2017-03-13 15:20.25 CST 11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: __ -----Vice Chairman: Address: _ Hans Christoph Tanner Riverside II Sir John Rogerson's Quay Dublin 2, Ireland Address: Niali Donnelly Director: Riverside II Sir Jehn Rogerson's Quay Dublin 2, Ireland Address: B. OFFICERS Thomas Joyce President: & CEO 9276 Scranton Rd. Suite 600 Address: San Diego, CA 92121 Vice President: Secretary: ___ managara ingga patingga, digip kanaga pangangan kana anga pana ay panagara digip pangangan digip pana at at ay ay panagara digip panagara di anga panagara Treasurer; NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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.

Thomas Joyce, President & CEO

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

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ARIES 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 THIRTEENTH DAY OF MARCH, A.D. 2017.

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.

6089495 8300 SR# 20171737807

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

Authentication: 202186725

Date: 03-13-17