(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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TO

2017 MAR 15 PH :1: 48

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**S Warren** MAR 1 7 2017

### **CT CORP**

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date:	3-16-17 ACCT. 120160000072	a: DW
Name:	West-Ward Pharm	acenticals
Document #:		(onp
Order #:	10410356	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good		
Standing:		
Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
Filling:	Certified: Plain: and COGS:	
Availability Document Examiner Updater Verifier W.P. Verifier	Amount: \$ \$7,50	

Thank you!

#### **COVER LETTER**

	stration Sco sion of Cor				
SUBJECT:	West-War	d Pharmaceuticals Corp.			
Sond Ect.		Name of corpora	ation -	must include suffix	
Dear Sir or N	ſadam:				
"Certificate of	of Existence	ion by Foreign Corporation e," or "Certificate of Good n corporation to transact be	Stand	ing" and check are subr	
Please return	all corresp	ondence concerning this n	atter t	the following:	
		Nam	e of Pe	rson	
		Firm/	Comp	any	
			Addres	1	
		City/St	ate and	Zip code	
		E-mail address: (to be u	sed fo	future annual report n	otification)
For further in	nformation	concerning this matter, ple	ase ca	n:	
		at (		١	
Nan	ne of Perso	n Area	Code	Daytime Teleph	one Number
Regi Divi Clift 266 Talli	stration Se sion of Cor on Buildin Executive ahassee, FL	porations g : Center Circle , 32301		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
Enclosed is a		the following amount:  \$\square\$ \$78.75 \text{ Filing Fee & Certificate of Status}\$	a	\$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.

West-W	ard Pha	rmaceuticals Corp.		
(Enter na	ame of co Co.," "Co	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	'COMPANY," "CORPORATIO	N,"
(If name	unavaila	ible in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ing business in Florida)
2. Delawai	ге	2 2	2-3114571	
	r country	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
4. June 4,	1991	5.		
***************************************	(Date	of incorporation)	(Date of duration, if other	r than perpetual)
6. Not pric	r to regi	stration		
		(Date first transacted business in F		112-A
401 Indus	etrial Wa	(SEE SECTIONS 607.1501 & 607.1501 by West, Eatontown, NJ 07724	z, r.s., to determine penany haoi	alty)
7	JU 141 17 0	·	office address)	
		(i i i i cipai	office address)	
<del> </del>		(Current mailing	address, if different)	
		· · · · · · · · · · · · · · · · · · ·		COD COD
8. Name a	nd <u>stree</u>	t address of Florida registered agent: (P.O.	Box NOT acceptable)	REAL SECTION
N:	ame:	C T Corporation System		
Office Add		1200 South Pine Island Road	<del>_</del>	THE TO ME
Office Aut	11033.	Plantation	, Florida	D 2: 09
		(City)	(Zip code)	O <b>9</b>
Having be designated further agi	en nam! in this ree to co	ent's acceptance:  ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel amiliar with and accept the obligations of CT Corporation Sys	ent as registered agent and ag lative to the proper and comp my position as registered age	gree to act in this capacity. I lete performance of my
	Ву:	(Danietavad on	Cristina Lam Vice President ent's signature)	at /

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.

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

A. DIR	ECTORS		
Chairman	Said Darwazah (Director)		
Address:	401 Industrial Way West, Eatontown, NJ 07724		
Vice Chai	rman: Ali Al Husry (Director)		
Address:	401 Industrial Way West, Eatontown, NJ 07724		
Director;	Michael Raya		
Address:	401 Industrial Way West, Eatontown, NJ 07724		
Director:	Hussein Arkhaga		
	401 Industrial Way West, Eatontown, NJ 07724		
B. OFF	CERS		
President:	Brian Holliman		
	401 Industrial Way West, Eatontown, NJ 07724		
		NIS. STA	
Vice Pres	dent: CHIEF FINANCIAL OFFICER: Mohammed Obeidat	0 <b>9</b> :	
Address:	401 Industrial Way West, Eatontown, NJ 07724		
Secretary:	David Berger		
Address:	401 Industrial Way West, Eatontown, NJ 07724		
Treasurer	George J Muench		
Address:	401 Industrial Way West, Eatontown, NJ 07724		
<b>NOTE:</b>	If necessary, you may attach an addendum to the application listing additional	al officers and/or directors.	
are true a	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) and that he or she is aware that false information submitted in a document to the gree felony as provided for in s.817.155, F.S.		
13. Geor	ge J Muench, Treasurer		

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

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WEST-WARD PHARMACEUTICALS CORP." 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 FIFTEENTH 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.

Authentication: 202201007

Date: 03-15-17

2264775 8300 SR# 20171787150