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(Re	equestor's Name)				
(Ad	ldress)				
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(Cit	ty/State/Zip/Phone	#)			
PICK-UP	MAIT	MAIL			
(Bu	isiness Entity Nam	e)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

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Torrent Pharma Inc.



A wholly owned subsidiary of Torrent Pharmaceuticals Limited 1803 Whites Road, Suite 1 Kalamazoo, MI 49008 269 -544-2299 269- 544-2334 Fax

August 16, 2017

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern:

Please find enclosed a completed Foreign Corporation application, as well as a current certificate of existence for Torrent Pharma, Inc. and payment for the application.

Please note, Torrent Pharma Inc.'s primary business is interstate commerce; therefore, according to Florida state statute. Torrent does not conduct business in the State of Florida.

Should you require additional information or have any questions, please contact me at dawnchitty@torrentpharma.us, 269-544-2299 ext. 202, or the address on this letterhead.

Respectfully submitted,

Dawn M. Chitty

Vice President of Strategy and Scientific Affairs

Enclosures

COVER LETTER

TO:	Registration Se Division of Cor				
<1.0.7.T.	Torrent P	harma, Inc.			
SUB	IECT:	Name o	f corporation	- must include suffix	
Dear S	Sir or Madam:		•		
"Certi	ficate of Existence	ion by Foreign Cor e." or "Certificate on the corporation to tra	of Good Stand	ding" and check are sub	ct Business in Florida," omitted to register the
	ereturn all corresp awn Chitty	oondence concernir	ng this matter	to the following:	
		· · · · · · · · · · · · · · · · · · ·	Name of P	'erson	
Torrei	nt Pharma, Inc.				
		 -	Firm/Com	Dany	
1803 \	Whites Road, Suite	1		······;	
			Addres	SS	
Kalam	nazoo, MI 49008				
			City/State an	d Zip code	
dawnc	hitty@torrentphari	na.us			
		E-mail address:	(to be used for	or future annual report	notification)
For fu	rther information	concerning this ma	itter, please ca	ıll:	
Dawn Chitty		269 at (544-2299 X 202		
	Name of Perso		Area Code	Daytime Telep	hone Number
	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, Fl	porations g Center Circle	:	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7
Enclos	sed is a check for	the following amou	unt:		
□ \$70	0.00 Filing Fee	☐ \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status &

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.

i.	Torrent Pharma	. Inc.					
		orporation: must include "INCORPORAT! orp," "Inc," "Co," or "Corp.")	ED.	"COMPANY," "CORPORATION,"			
	(If name unavaila	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting b	ousiness in F	lorida	<u>-</u>
?	Delaware		3	3005029956			
(State or country under the law of which it is incorporat			•				_
4.	(Date of incorporation)		, 3.	(Date of duration, if other than perpetual)			_
6.	Torrent is anos	aged in interstate commerce and does not tr					
7.		Suite 102; Basking Ridge, NJ 07920 (Prind, Suite 1; Kalamazoo, MI 49008	ncir	pal office address)			
		(Current ma	ailir	ng address, if different)		17 AUG	_
8.	Name and stree Name:	et address of Florida registered agent: (NRAI Services, Inc	(P.C	D. Box NOT acceptable)	17) 14) 201 201	17	
0	ffice Address:	1200 South Pine Island Road				P# 5:	Œ.
		Plantation		Florida	101 101 101	0	
		(City)		(Zip code)			
_	13. 1.						

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.

NRAI Services, Inc

Norine Nagel-Asst. Secretary

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. DIRECTORS Chairman: Vice Chairman: Address: __ Director: Address: ____ **B. OFFICERS** Sanjay Gupta President: 150 Allen Road, Suite 102; Basking Ridge, NJ 07970 Address: _ Dawn M. Chitty Vice President: _ 1803 Whites Road, Suite 1, Kalamazoo, MI 49008 Address: _ Lokesh Kalra Secretary: 150 Allen Road, Suie 102; Basking Ridge, NJ 07970 Address: _ Treasurer: NOTE: If n/cdssary, 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. Dawn M. Chitty, Vice President of Strategy and Scientific Affairs 13.

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "TORRENT PHARMA INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE THIRTEENTH DAY OF JANUARY, A.D. 2004, AT 4:53 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE SECOND DAY OF JULY, A.D. 2007, AT 6:50 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "TORRENT PHARMA INC.".

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: 203023297

Date: 08-08-17

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