

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
F170002347723

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.

((H170002347723)))



H170002347723ABCD

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 : (350) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000006023
Phone : (512) 418-6946
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: _____

FILED
2017 AUG 30 PM 11:33
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
NABRIVA THERAPEUTICS US, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

FILED
17 AUG 30 AM 11:25
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nabriva Therapeutics US, 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:

Bruno Fontanot

Name of Person

Nabriva Therapeutics US, Inc.

Firm/Company

1000 Continental Drive, Suite 600

Address

King of Prussia, PA 19406

City/State and Zip code

Bruno.Fontanot@Nabriva.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruno Fontanot

at (610) 516-6640

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

17
AUG 30 PM 11:25
FILED
SECRET
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

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.*

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

- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 47-1742789
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/22/2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1000 Continental Drive, Suite 600, King of Prussia PA 19406
(Principal office address)

- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: C T Corporation System
 Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
 (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.
 By: [Signature] C T Corporation System
 (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.

FILED
 AUG 30 AM 11:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Colin Broom

Address: 1000 Continental Drive, Suite 600, King of Prussia PA 19406

Vice Chairman: Gary Sender

Address: 1000 Continental Drive, Suite 600, King of Prussia PA 19406

Director:

Address:

Director:

Address:

B. OFFICERS

President: Colin Broom

Address: 1000 Continental Drive, Suite 600, King of Prussia PA 19406

Vice President: Gary Sender

Address: 1000 Continental Drive, Suite 600, King of Prussia PA 19406

Secretary:

Address:

Treasurer: Bruno Fontanot

Address: 1000 Continental Drive, Suite 600, King of Prussia PA 19406

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

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. Bruno Fontanot, Treasurer

(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 "NABRIVA THERAPEUTICS US, 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 THIRTIETH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

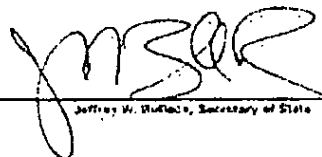
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5590973 8300

SR# 20175953235

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203144012

Date: 08-30-17

FILED
AUG 30 11:25
SECRETARY OF STATE
DELAWARE