F18000001663

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies(Certificates of Status
Special Instructions to Filing (Cert W18)	Officer: 2-9805 erM
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SECRETARY OF STATE:
ATT PROSEED IN ORDA

Office Use Only



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2018

WILLIAM SCHEINLER 15 INDEPENDENCE BLVD, 4TH FL WARREN, NJ 07059

SUBJECT: ALCRESTA THERAPEUTICS, INC.

Ref. Number: W18000009805

We have received your document for ALCRESTA THERAPEUTICS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

We received the corrected documents for your filing however, the Good Standing Certificate we have from Delaware is now out of date. We need onedated within the last 90 days.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 218A00005620

RECEIVED

118 APR-6 PM 1: 28

DEFARTHENT OF STATE
VISION OF CORPORATION

ALLAHASSEE FOR THE



January 30, 2018

WILLIAM SCHEINLER 15 INDEPENDENCE BLVD, 4TH FL WARREN, NJ 07059

SUBJECT: ALCRESTA THERAPEUTICS, INC.

Ref. Number: W18000009805

We have received your document for ALCRESTA THERAPEUTICS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 518A00002029

Stacey M Warren Regulatory Specialist II

www.sunbiz.org



February 26, 2018

WILLIAM SCHEINLER **2ND ATTEMPT**
ALCRESTA THERAPEUTICS, INC.
ONE NEWTON EXECUTIVE PARK, SUITE 100
NEWTON, NJ 02462

SUBJECT: ALCRESTA THERAPEUTICS, INC.

Ref. Number: W18000009805

We have received your document for ALCRESTA THERAPEUTICS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

THE REGISTERED AGENT'S SIGNATURE MUST BE AN EMPLOYEE OF CT CORPORATION AND THEY MUST PRINT THEIR NAME UNDERNEATH

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 818A00003891

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

Division of Compactions D.O. DOV 6207 Tellaharan Florida 2021



Alcresta Therapeutics, Inc. One Newton Executive Park, Suite 100 Newton, MA 02462

January 25, 2018

Florida Dept of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 RECEIVED

JAN 3 1 2018

Dear Sir/Madam:

Enclosed is a copy of our company's <u>Application by Foreign Corporation for Authorization to Transact Business In Florida</u>, which was mailed out two days ago with the filing fee check (stub included). We failed to include our Certificate of Incorporation, which is included in this mailing. If you require additional information, please contact me at 617-431-3526.

Sincerely,

Michael Uttaro General Accountant Alcresta Therapeutics, Inc. muttaro@alcresta.com

(617) 431-3526

Enclosures

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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT.	Alcresta	Therapeutics, Inc.				
SODJ	ECI.	_	Nam	e of corpora	ation - mu	ıst include suffix	
Dear S	ir or M	adam:					
"Certif	icate o	f Existen		ite of Good	Standing	" and check are su	act Business in Florida," bmitted to register the
Please	return	all corres	pondence concer	ning this m	atter to th	ne following:	
William	n Schei	uler					
				Name	e of Perso	חמ	,
Alcrest	a Thera	peutics, Ir	ıc.				
				Firm/	Company		
15 Inde	penden	ce Blvd, 4	th Fl.				
				Λ	ddress		
Warren	, NJ 07	059					
-				City/Sta	te and Zi	p code	
wschei	nler@al	cresta.con	n				
			E-mail addre	ss: (to be u	sed for fu	ture annual report	notification)
For fur	ther in	formation	concerning this	matter, plea	ise call:		
				at ()_		
	Name	of Perso	on	Area	Code	Daytime Telep	hone Number
	Regis	tration Se		SS:		MAILING A Registration S	ection
		ion of Co n Buildin	rporations			Division of Co P.O. Box 632	-
	2661		Center Circle			Tallahassee, F	TL 32314
Enclos	ed is a	check for	the following ar	nount:			
\$ 70).00 Fil	ing Fee	7 \$78.75 Fili Certificate			3.75 Filing Fee & tified Copy	S87.50 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.

1.	Aicresta Thera	peutics, Inc.			
	(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	," "C	OMPANY," "CORPORATI	ON,"
	(If name unavai	lable in Florida, enter alternate corporate name	adop	ed for the purpose of transac	eting business in Florida)
2.	Delaware	3.	45-2	729951	
	(State or count	ry under the law of which it is incorporated)		(FEI number, if	applicable)
4.	6/24/11	5.			
	(Date	e of incorporation)		(Date of duration, if oth	ner than perpetual)
6.	11/27/17				
		(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Flor 502, F	ida, if prior to registration) S., to determine penalty lial	bility)
7 ¹	13506 Glossy Ibi	is Place Bradenton, FL 34202	-		整治 6
	15 Independence	(Princip Blvd, 4th Fl. Warren, NJ 07059	pal of	ice address)	顯電型
-	<u> </u>		ng ado	ress, if different)	STATE OF THE STATE
8.	Name and stree	et address of Florida registered agent: (P.0	O. Bo	x NOT acceptable)	M 11: 56
	Name:	CT Corporation System			\$ 96
Οfi	fice Address:	1200 South Pine Island Road			
		Plantation		, Florida 33324	
		(City)		(Zip code)	

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.

(Registered agent's signal

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.

II. Name	es and business addresses of officers and/or directors:
A. DIRE	•
Chairman:	Danei Tasse - CEO
Address: _	552 Union Avenue
	New Providence, NJ 07974
Vice Chair	man:
Aumess	
_	
Address: _	
-	
Director:	
Address:	
B. OFFI	CERS EB TI
President:	Tasos Konidaris - CFO
	6 Ballantine Road Mendham, NJ 07945
Vice Presi	dent: Martin Paz - CHRO
	20 Howert Land Long Valley NI 07853
Address:	
	William Scheinler - CLO
	William Scheinler - CLO 3041 Muirfield Road Center Valley, PA 18304
	Eric First - CSO
	13 Normandy Blvd West Morristown, NJ 07960
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12.	Signature of Director or Officer
The offic	the state of this document (and who is listed in number 11 above) affirms that the facts stated here
are true a	nd that he or she is aware that false information submitted in a document to the Department of State constitu-
13	WILLIAM SCHEINLER CHIEF LEGAL OFFICER (Typed or printed name and capacity of person signing application)
1.J.	(Typed or printed name and capacity of person signing application)

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ALCRESTA THERAPEUTICS, 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 MARCH, A.D. 2018.

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: 202424453

Date: 03-30-18

5000598 8300 SR# 20182319013