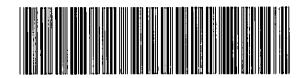
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(Re	equestor's Name)	
(Address)		
(Ad	ddress)	
(Cı	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 229184 4803680

AUTHORIZATION :

COST LIMIT : \$ 夜的 00

ORDER DATE: May 24, 2018

ORDER TIME : 12:34 PM

ORDER NO. : 229184-045

CUSTOMER NO: 4803680

FOREIGN FILINGS

NAME: AQUESTIVE THERAPEUTICS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

	Registration Section Division of Corporations					
	AQUESTIVE THERAI					
SUBJE	.C1:N	ame of corporation	n - must include suffix			_
Dear Sir	or Madam:					
"Certific	losed "Application by Foreig cate of Existence," or "Certi- eferenced foreign corporation	ficate of Good Sta	nding" and check are sul			
Please re Robert A	eturn all correspondence cor Arnold	ocerning this matte	er to the following:			
Acquesti	ive Therapeutics, Inc.	Name of	Person			_
30 Techi	nology Drive South	Firm/Cor	npany			_
Warren,	NJ 07059	Addı	ress			
rarnold@	Jaquestive.com	City/State a	and Zip code			
	E-mail ad	dress: (to be used	for future annual report	notification)		
For furth	her information concerning t	his matter, please	call:			
Robert A	Arnold	908 at (941-1907)	! .	23	
	Name of Person	Area Coo		ohone Number	EAY 211	###_ ##
	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	A # 05	
Enclose	d is a check for the following	g amount:				
5 \$70.0		Filing Fee & Coate of Status	3 \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Fil Certificat Certified	e of Stati	ıs &

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	HERAPEUTICS, INC		
	orporation; must include "INCORPORATED." "orp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATIO!	N,"
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	ng business in Florida)
Delaware	•		
2	y under the law of which it is incorporated)	/DCI	
January 15, 200-	4		
(Date	of incorporation) 5	(Date of duration, if other	than perpetual)
6			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 rive South, Warren, NJ 07059		ity)
	(Principal	office address)	
	(Current mailing	address, if different)	
0. 31		D 10070	
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	5.7 B.3.
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		The second of th
	Tallahassee	32301 Florida	2 17
	(City)	(Zip code)	
9. Registered ago	ent's acceptance:		=
Having been nam designated in this further agree to c	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 i	nt as registered agent and agative to the proper and compl	ree to act in this capacity. I ete performance of my
	orporation Service Company y:	lunu	Roxanne Turner Asst. Vice President
	(Registered ag	ent'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.

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

	Please see the attached addendum	
	i	
Address:		
Vice Cha	irman:	
Address:		
Director:		
Dinatan		
		
B. OFF	Please see the attached addendum	
	ident:	
Address:		!
Secretary:		
Address:		[}]
Treasurer:		
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
12.		
are true a a third de	Signature of Director or Officer or or director signing this document (and who is listed in number 11 above) affirms that the facts stated hereing that he or she is aware that false information submitted in a document to the Department of State constituting free felony as provided for in s.817.155, INS.	n es
13	(Typed or printed name and capacity of person signing application)	

ADDENDUM

Names and Addresses of the Directors of Aquestive Therapeutics. Inc.

- 1. Douglas K. Bratton 30 Technology Drive South, Warren, NJ 07059
- 2. Gregory Brown, M.D. 30 Technology Drive South, Warren, NJ 07059
- 3. John Cochran -30 Technology Drive South, Warren, NJ 07059
- 4. Santo Costa 30 Technology Drive South, Warren, NJ 07059
- 5. Keith J. Kendall 30 Technology Drive South, Warren, NJ 07059
- 6. A. Mark Schobel 30 Technology Drive South. Warren, NJ 07059
- 7. James S. Scibatta 30 Technology Drive South, Warren, NJ 07059
- 8. Nancy Lurker 30 Technology Drive South, Warren, NJ 07059

Names, Addresses and Positions Held of the Officers of Aquestive Therapeutics, Inc.

Keith J. Kendall	Chief Executive Officer and	30 Technology Drive South,
	President	Warren, NJ 07059
John Maxwell	Chief Financial Officer.	30 Technology Drive South.
	Treasurer and Secretary	Warren, NJ 07059
Robert Arnold	Assistant Secretary	30 Technology Drive South,
		Warren, NJ 07059

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AQUESTIVE 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 SEVENTEENTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AQUESTIVE THERAPEUTICS, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF JANUARY, A.D. 2004.

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



Authentication: 202715967

Date: 05-17-18