

5/24/2018

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FC4000000023
Phone : (614)280-3338
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE

FOREIGN PROFIT/NONPROFIT CORPORATION**Tris Pharma, Inc.**

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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TALLAHASSEE

**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. Tris Pharma, 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. New Jersey 3. 22-3747409
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 15, 2000 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. August 12, 2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 102 Melrich Road, Cranbury, NJ 08512
(Principal office address)
2033 Route 130, South Brunswick, NJ 08852
(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.

C T Corporation System

By: 

Ryan Underwood - Assistant Secretary

(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.

*AC
State*

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

A. DIRECTORS

Chairman: Ketan Mehta

Address: 2033 Route 130
Monmouth Junction, NJ 08852

Vice Chairman:

Address:

Director: Smita Mehta

Address: 2033 Route 130
Monmouth Junction, NJ 08852

Director:

Address:

B. OFFICERS

President: Ketan Mehta

Address: 2033 Route 130
Monmouth Junction, NJ 08852

Vice President: Smita Mehta

Address: 2033 Route 130
Monmouth Junction, NJ 08852

Secretary:

Address:

Treasurer:

Address:

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. Ketan Mehta, President and CEO

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

12/5/18

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

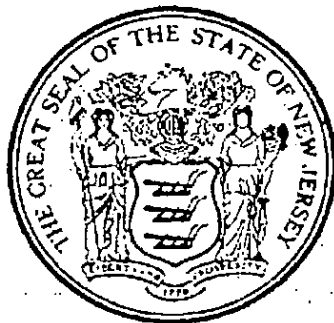
TRIS PHARMA, INC.
0100825826

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on August 15, 2000.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

SMITA TRIVEDI MEHTA
C/O TRIS PHARMA, INC.
2033 U.S. 130, STE. D
MONMOUTH JCT., NJ 08852



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 15th day of May, 2018.

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6088309067

Verify this certificate online at

https://www1.state.nj.us/77/TR_StandingCert/ASP/Verify_Cert.jsp