10/3/2018

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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

: (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for futures. annual report mailings. Enter only one email address please. **

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION Ani Pharmaceuticals Canada, Inc.

> 0 Certificate of Status Certified Copy 1 04 Page Count \$78.75 Estimated Charge

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Help

N CULLIGAN

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.

Ani Pharmaceut	ticals Canada Inc			
	orporation, must include "INCORPORA lorp," "Inc." "Co," or "Corp ")	TED," "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate	name adopted for the purpose of transacting b	usiness in Florida)	
Nova Scotia (C	anada)	3		
(State or count)	ry under the law of which it is incorporate	3	cahle)	
08/06/2018 4.		5		
(Date of incorporation)		(Date of duration, if other tha	(Date of duration, if other than perpetual)	
08/06/2018 6.				
o		ness in Florida, if prior to registration) 607,1502, F.S., to determine penalty liability)		
400 Iroquois Sho	ore Rd, Oakville, ON L6H 1M5 Canada		- 2	
·	(J	Principal office address)	SECURE TO THE PROPERTY OF THE	
	(Current	mailing address, if different)	LASSIN ASSI	
8. Name and stre	et address of Florida registered agent	i; (P.O. Box <u>NOT</u> acceptable)		
Name:	C T Corporation System		8: 2 5:34 Flaa	
Office Address:	1200 South Pine Island Road		-	
	Plantation	, Florida 33324 (Zip code)		
	(City)	(Zip code)		
Having been nan designated in thi further agree to	s application, I hereby accept the ap comply with the provisions of all stat familiar with and accept the obligat CT Corpor Ta Vic Tarnmy Toftaroo	of service of process for the above stated oppointment as registered agent and agree tutes relative to the proper and complete tions of my position as registered agent ation System inmy Toftoroo ce President	to act in this capacity. I	
	(Regi	stered 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.

	ECTORS	
urman	Arthur Przybyl	
bness:	210 West Main Street	
	Baudette, MN 56623	
Chai	irman: Stephen Carey	
ress:	210 West Main Street	
	Baudette, MN 56623	
ctor.	Robert Schrepfer	
ress:	210 West Main Street	
	Baudette, MN 56623	
ctor:		POLE
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dent:	Arthur Przybyl	
	210 West Main Street	200
	Baudette, MN 56623	· · · · · · · · · · · · · · · · · · ·
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	210 West Main Street	
_	Baudette, MN 56623	
tary:		
:S3: _		*F
 Х ДС Г:	Stephen Carey	****
	210 West Main Street, Baudette, MN 56623	

a third degree felony as provided for in s.817.155, F.S.

13. Robert Schrepfer, Director

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





CERTIFICATE OF STATUS

Registry Number

3319709

I hereby certify that according to the records of this office ANT PHARMACEUTICALS CANADA INC.

was formed by virtue of amalgamation under the Companies Act of Nova Scotia and is a valid and subsisting company.

I further certify that according to the records of this office ANI PHARMACEUTICALS CANADA INC.

was registered under the Corporations Registration Act of Nova Scotia and the certificate is currently in force.

Agent of the Registrar of Joint Stock Companies

September 28, 2018 Date of Issue