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FOREIGN PROFIT/NONPROFIT CORPORATION ESPERION THERAPEUTICS, INC.

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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.

(If name unavaila	ble in Fioriga, enter alternate corporate na	me adopted for the purpose of transacting bu	isiness in Florida)
2. Delaware		3. 26-1870780	
(State or country	y under the law of which it is incorporated)	(IEI number, if applies	able)
1222/06			
(Date	of incorporation)	5. (Date of duration, if other than	perpetual)
G.			.
hard of the state	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
3891 Ranchero D	rive, Ste 150, Ann Arbor, MI 48108		
1	(Pri	incipal office address)	, , , , , , , , , , , , , , , , , , ,
	(Current tr	nailing address, if different)	213 75
	(Current or		19 FE
8. Name and <u>stro</u> c	(Current m et address of Florida registered agent:		- 833 61
8. Name and <u>stro</u>			19 FEB -6
Name:	et address of Florida registered agent:		9-833
Name:	C T Corporation System 1200 South Pine Island Road	(P.O. Box <u>NOT</u> acceptable)	9-833
Name:	C T Corporation System 1200 South Pine Island Road	(P.O. Box <u>NOT</u> acceptable)	- 834
Name:	C T Corporation System 1200 South Pine Island Road		9-833
Name: Office Address: 9. Registered ag	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance:	(P.O. Box NQT acceptable) , Florida 33324 (Zip code)	FEB -6 PM 4: 24 Step 100 pt 10
Name: Office Address: 9. Registered ag Having been nan	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ied as registered agent and to accept seed agent age	(P.O. Box NQT acceptable) , Florida 33324 (Zip code) service of process for the above stated of	FEB -6 PH 4: 24 corporation at the place
Name: Office Address: 9. Registered ag Having been nan designated in this further agree to c	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's neceptance: ned as registered agent and to accept to application, I hereby accept the applications of all statu	(P.O. Box NQT acceptable) , Florida 33324 (Zip code) service of process for the above stated continent as registered agent and agree tes relative to the proper and complete	corporation at the place to act in this capacity.
Name: Office Address: 9. Registered ag Having been nan designuted in this further agree to c	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ned as registered agent and to accept a application, I hereby accept the application of all statu familiar with and accept the obligation.	(P.O. Box NQT acceptable) , Florida 33324 (Zip code) service of process for the above stated cointment as registered agent and agree tes relative to the proper and complete ms of my position as registered agent.	corporation at the place to act in this capacity.
Name: Office Address: 9. Registered ag Having been nan designmed in this further agree to c	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's neceptance: ned as registered agent and to accept to application, I hereby accept the applications of all statu	(P.O. Box NOT acceptable) Florida 33324 (Zip code) service of process for the above stated continent as registered agent and agree tes relative to the proper and complete ms of my position as registered agent. ion System	corporation at the place to act in this capacity, performance of my
Name: Office Address: 9. Registered ag Having been nan designmed in this further agree to c	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ned as registered agent and to accept a application, I hereby accept the application of all statu familiar with and accept the obligation.	(P.O. Box NQT acceptable) , Florida 33324 (Zip code) service of process for the above stated cointment as registered agent and agree tes relative to the proper and complete ms of my position as registered agent.	corporation at the place to act in this capacity, performance of my

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:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman;	
Address:	
Director:	
Address:	
Director.	
Address:	
B. OFFICERS	
President: Timothy Mayleben	
Address: 3891 Ranchero Drive, Ste 150	<u> </u>
Ann Arbor, MI 48108	
Vice President:	
Address:	State Contract Contra
Richard Bartram Secretary:	22
3891 Ranchero Dr. Ste 150 Ann Arbor, Mi. 48108	2-
Address:	
Address:	
Address:	ers and/or directors
7715	
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) affirms are true and that he or she is aware that false information submitted in a document to the Dep a third degree felony as provided for in s.817.155, F.S.	that the facts stated herein partment of State constitutes
13. Richard Bartram, CFO	
(Typed or printed name and capacity of person signing application)	

Board of Directors:				
Tim Mayleben	3891 Ranchero Drive, Ste 150	Ann Arbor	₹	48108
Jeffrey Berkowitz	5 Morningside Dríve	Livingston	ž	07039
Scott Braunstein	18 Thames Drive	Livingston	Z	07039
Dov Goldstein	26 Circle Drive	Greenwich	บ	6830
Antonio Gotto	3666 Wickersham Lane	Houston	¥	77027
Oan Janney	One Embarcadero Center, 37th Floor	San Francisco	5	94111
Mark McGovern	650 West Ave. PH3	Miami Beach	壬	33139
Jay Shepard	15977 Grandview Ave	Monte Sereno	క	95030
Nicole Vitulio	1 Palmer Square, #515	Princeton	Z	08542

SECTION OF START

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ESPERION 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 SIXTEENTH DAY OF JANUARY, A.D. 2019.

4493349 8300

SR# 20190218462

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

Authentication: 202090778

Date: 01-16-19