

5/23/2019

Division of Corporations

**F190000002442**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
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From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*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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**FOREIGN PROFIT/NONPROFIT CORPORATION****Glenmark Therapeutics Inc., USA**

Certificate of Status	0
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2019-05-24 PM 2:33

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\*\*\*PLEASE HONOR ORIGINAL DATE 05-23-19\*\*\*

To: Page 2 of 8  
850-617-6381

2019-05-24 12:00:55 CST  
5/24/2019 10:49:01 AM PAGE 1/001

19542080845 From: Ranae McGraw  
Fax Server

\*\*\*PLEASE HONOR ORIGINAL DATE 05-23-19\*\*\*



May 24, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: GLENMARK THERAPEUTICS INC., USA  
REF: W19000050479

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed in #11 of this form.

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) 245-6052.

Brooke N Kinsey  
Regulatory Specialist II

FAX Aud. #: H19000167823  
Letter Number: 919A00010553

## 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. Glenmark Therapeutics Inc., USA  
(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. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 06/21/2007 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 750 Corporate Drive, Mahwah, NJ 07430  
(Principal office address)

same  
(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 address designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity 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: William Bleier 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.

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

A. DIRECTORS *SEE ATTACHMENT*

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## B. OFFICERS

President: Robert MatsukAddress: 750 Corporate DriveMahwah, NJ 07430

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_Secretary: Jimmy WillisAddress: 750 Corporate Drive, Mahwah, NJ 07430

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Sherry McGinnes

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. Sherry McGinnes, Vice President

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

**Attachment to Florida  
Officers & Directors**

- 1 Full Name: Robert Matsuk  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 750 Corporate Drive  
City: Mahwah  
State: NJ  
ZIP Code: 07430
- 2 Full Name: P. Chinnapa Reddy  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 750 Corporate Drive  
City: Mahwah  
State: NJ  
ZIP Code: 07430

2019-05-24 12:00:55 CST

**POWER OF ATTORNEY**

**NOTICE IS HEREBY GIVEN THAT** Glenmark Therapeutics Inc., USA, a corporation incorporated under the laws of the state of Delaware, does hereby appoint Margaret E. Routzahn and Sherry McGinnes, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for Glenmark Therapeutics Inc., USA to act for the corporation and in the corporation's name for the limited purposes authorized herein.

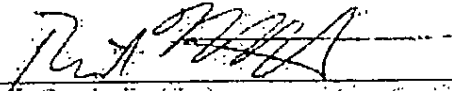
The corporation, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to register the corporation in any state, as directed and authorized by the corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Margaret E. Routzahn and Sherry McGinnes shall exercise the power of Vice President or Secretary

This Power of Attorney expires when revoked by the undersigned

**IN WITNESS WHEREOF** the undersigned has executed this Power of Attorney on the 23rd day of May, 2019.

Signature

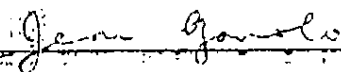


Name, Title

Robert Matsuk, President

Sworn to and subscribed before me this 23rd day of May, 2019.  
Date Month Year

Signature of Notary



Notary Public, State of New Jersey  
State

JEAN GARIOLO  
NOTARY PUBLIC OF NEW JERSEY  
ID # 2450159  
My Commission Expires 9/26/2019

Commission Expires: 9/26/2019  
M/D/YYYY

(Seal)

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLENMARK THERAPEUTICS INC., USA" 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 TWENTY-THIRD DAY OF MAY, A.D. 2019.

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.



4375841 8300

SR# 20194434318

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202887189

Date: 05-23-19