

F19000002908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

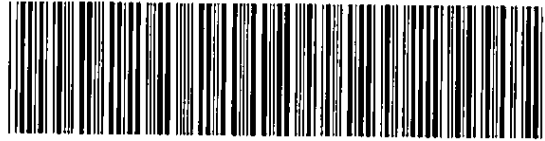
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800330663848

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 JUN 21 AM 10:44

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19 JUN 21 AM 10:42

19 JUN 21 AM 10:42

RECEIVED

B KINSEY

JUN 25 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 816488 8055365

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : June 20, 2019

ORDER TIME : 9:29 AM

ORDER NO. : 816488-010

CUSTOMER NO: 8055365

FOREIGN FILINGS

NAME: SAGENT PHARMACEUTICALS

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____



RESUBMIT
Please give original
submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2019

CSC

SUBJECT: SAGENT PHARMACEUTICALS INC.
Ref. Number: W19000059074

We have received your document for SAGENT PHARMACEUTICALS INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

On line #1, remove "INC". On the alternate name line, place the name exactly how it is on the certificate of existence, along with a corporate suffix,

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) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 819A00012683

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DEPT OF STATE
FALLS CHURCH, FLORIDA

19 JUN 21 AM 10:44
19 JUN 24 PM 4:05

RECEIVED
DEPT OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sagent Pharmaceuticals

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Thomas Keilhack

Name of Person

Sagent Pharmaceuticals, Inc.

Firm/Company

1901 N Roselle Road, Suite 450

Address

Schaumburg, IL 60195

City/State and Zip code

tkeihack@sagentpharma.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Keilhack

847

908-1621

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**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. Sagent Pharmaceuticals
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- SAGENT PHARMACEUTICALS INC
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. WY 3. 20-5522946
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/05/2006 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. UPON FILING
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1901 N Roselle Road, Suite 450 Schaumburg, IL 60195
(Principal office address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

19 JUN 21 AM 10:46
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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.

Corporation Service Company
By: Roxanne Turner
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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: Dr. Yuichi Tamura

Address: 6-21, Sogowa 1-chrome, Toyama-shi, Toyama, Japan 930-8583

Vice Chairman: Dr. Kenji Matsuyama, Director

Address: 6-21, Sogowa 1-chome, Toyama-shi, Toyama, Japan 930-8583

Director: Dr. Peter Kaemerer

Address: 1901 N Roselle Road, Suite 450 Schaumburg, IL 60195

Director: Jeffrey Greve

Address: 1901 N Roselle Road, Suite 450 Schaumburg, IL 60195

B. OFFICERS

President: Dr. Peter Kaemerer

Address: 1901 N Roselle Road, Suite 450 Schaumburg, IL 60195

Vice President: Jeffrey Greve

Address: 1901 N Roselle Road, Suite 450 Schaumburg, IL 60195

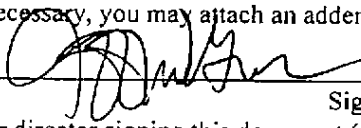
Secretary: Mikhail Eydelman

Address: 1901 N Roselle Road, Suite 450 Schaumburg, IL 60195

Treasurer: Kara Venegas

Address: 1901 N Roselle Road, Suite 450 Schaumburg, IL 60195

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. Jeffrey Greve, Executive VP, Global Finance

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

19 JUN 21 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Sagent Pharmaceuticals

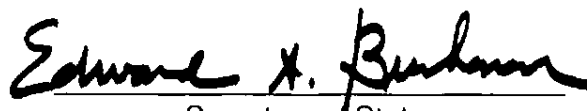
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **May 5, 2006**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2006-000514030**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of June, 2019 at 3:45 PM. This certificate is assigned 031543523.




Secretary of State