

Division of Corporations

# F19000002946

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (350) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3336  
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.\*\***

**Email Address:** \_\_\_\_\_

## FOREIGN PROFIT/NONPROFIT CORPORATION

### Anika Therapeutics, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

19 JUN 26 11:00 AM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**B KINSEY**  
**JUN 27 2019**

# 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. ANIKA THERAPEUTICS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 04-3145961  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/06/2018 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. 32 Wiggins Avenue, Bedford, MA 01730  
(Principal office address)

same  
(Current mailing address, if different)

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

Name: CT 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.*

CT Corporation System

By: Kimberly Laughrey Kimberly Laughrey, Asst. Sect.  
(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.

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS SEE ATTACHMENT**

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

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

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

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

Director: Cheryl R. Blanchard

Address: 32 Wiggins Avenue

Bedford, MA 01730

Director: Raymond J. Land

Address: 32 Wiggins Avenue

Bedford, MA 01730

**B. OFFICERS SEE ATTACHMENT**

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

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

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

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

Secretary: \_\_\_\_\_

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

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

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

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

12. /S/Sylvia Cheung \_\_\_\_\_

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. Sylvia Cheung, Vice President \_\_\_\_\_

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

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

**Attachment to Florida  
Officers & Directors**

- 1 Full Name: Joseph G Darling  
Officer/Director: Officer  
Officer's Title: CEO  
Director's Title:  
Business Address: 32 Wiggins Avenue  
City: Bedford  
State: MA  
ZIP Code: 01730
- 2 Full Name: Sylvia Cheung  
Officer/Director: Officer  
Officer's Title: CFO  
Director's Title:  
Business Address: 32 Wiggins Avenue  
City: Bedford  
State: MA  
ZIP Code: 01730
- 3 Full Name: Edward S Ahn Mr.  
Officer/Director: Officer  
Officer's Title: Chief Technology & Strategy Officer  
Director's Title:  
Business Address: 32 Wiggins Avenue  
City: Bedford  
State: MA  
ZIP Code: 01730
- 4 Full Name: Thomas M Finnerty  
Officer/Director: Officer  
Officer's Title: Chief Human Resources Officer  
Director's Title:  
Business Address: 32 Wiggins Avenue  
City: Bedford  
State: MA  
ZIP Code: 01730
- 5 Full Name: Glenn R Larsen  
Officer/Director: Director  
Officer's Title:  
Director's Title: Director  
Business Address: 32 Wiggins Avenue  
City: Bedford  
State: MA  
ZIP Code: 01730
- 6 Full Name: Jeffery S Thompson  
Officer/Director: Director  
Officer's Title:  
Director's Title: Other Director  
Business Address: 32 Wiggins Avenue  
City: Bedford

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State: MA  
ZIP Code: 01730  
7 Full Name: Susan N Vogt  
Officer/Director: Director  
Officer's Title:  
Director's Title: Other Director  
Business Address: 32 Wiggins Avenue  
City: Bedford  
State: MA  
ZIP Code: 01730

19 JUN 26 AM 11:00  
CLERK, VALET OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANIKA 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 TWENTY-FIFTH DAY OF JUNE, 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.



6919234 8300

SR# 20195656775

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: 203099542

Date: 06-25-19