

F19000002973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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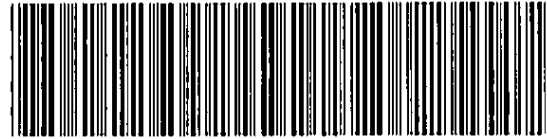
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JUN 27 09:11:11
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19 JUN 27 PM 2:38
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B KINSEY
JUN 28 2019

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

ACCOUNT NO. : I20000000195

REFERENCE : 814333 8147025

AUTHORIZATION :

COST LIMIT : \$ 1020.00



ORDER DATE : June 19, 2019

ORDER TIME : 9:03 AM

ORDER NO. : 814333-015

CUSTOMER NO: 8147025

FOREIGN FILINGS

NAME: NAPO PHARMACEUTICALS, INC.

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: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Napo Pharmaceuticals, Inc.

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:

Kevin Bohnert

Name of Person

Napo Pharmaceuticals

Firm/Company

201 Mission Street Suite 2375

Address

San Francisco, CA 94105

City/State and Zip code

licensing@napopharma.com

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

For further information concerning this matter, please call:

Kevin Bohnert

415 371-8301
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. Napo Pharmaceuticals, Inc.

(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. 54-2069638
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/15/2001 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 5/27/2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 201 Mission Street, Suite 2375, San Francisco, CA 94105
(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)

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.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: sec attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Lisa Conte, CEO

Address: 301 Main Street Unit 30G
San Francisco, CA 94105

Vice President: Steven King, EVP

Address: 191 Arbor Lane
Moss Beach, CA 94038

Secretary: n/a

Address: n/a

Treasurer: Karen Wright, CFO

Address: 2512 Poppy Drive, Burlingame, CA 94010

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. Karen Wright, CFO

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

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19 JUN 21 PM 2:38
TALLAHASSEE, FLORIDA

Napo Pharmaceuticals Corporate Officers, Board of Directors
Updated 15-Nov-2018

Corporate officers

LISA CONTE
JAGUAR HEALTH, INC
NAPO PHARMACEUTICALS, INC.
(WHOLLY OWNED SUBSIDIARY)
201 MISSION ST, STE 2375
SAN FRANCISCO, CA 94105
415-516-2732
lconte@jaguar.health

KAREN S. WRIGHT, CFO
JAGUAR HEALTH, INC.
NAPO PHARMACEUTICALS, INC.
(WHOLLY OWNED SUBSIDIARY)
201 MISSION STREET
SUITE 2375
SAN FRANCISCO, CA 94105
415 503-7483 (CELL)
415 371 8311 (FAX)
kwright@jaguar.health

STEVEN R. KING PH.D.
EXECUTIVE VICE PRESIDENT
SUSTAINABLE SUPPLY, ETHNOBOTANICAL RESEARCH AND IP
JAGUAR HEALTH, INC.
NAPO PHARMACEUTICALS, INC.
(WHOLLY OWNED SUBSIDIARY)
201 MISSION STREET, SUITE 2375
SAN FRANCISCO, CA 94105
415-371-8305 PH
415-371-8311 FAX
415-860-6469 CELL
sking@jaguar.health

Board of Directors

JIM BOCHNOWSKY (Chairman)
DELPHI VENTURES
160 BOVET RD, STE 408
SAN MATEO, CA 94402-3114
650-854-9650
jimbo@delphiventures.com

LISA CONTE
JAGUAR HEALTH, INC
201 MISSION ST, STE 2375
SAN FRANCISCO, CA 94105
415-516-2732
lconte@jaguar.health

GREG DIVIS

greg.divis@gmail.com

JEFF JOHNSON
SAGARD HOLDINGS
280 PARK AVE, 3F WEST
NEW YORK, NY 10017-1274
Johnson@sagardholdings.com

DAVID MACNAUGHTAN
70 GALLEY AVENUE
TORONTO, ON M6R1H1
CANADA
dmacnaughtan@rogers.com

JOHN J MICEK III
128 CORNELL RD
MENLO PARK, CA 94025-5314
650-346-4770
micek@sppvc.com

JOE QIU
763 Mengzi Road, Suite 2606
Shanghai, China 200023
86(21) 6315 1313
joe@bvcf.com

JONATHAN SEIGEL
60 SHELDRAKE RD
SCARSDALE, NY 10583-3410
jonathanbsiegel@gmail.com

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NAPO PHARMACEUTICALS, 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 FIFTEENTH 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 SAID "NAPO PHARMACEUTICALS, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3457397 8300

SR# 20195273133

You may verify this certificate online at 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.

Authentication: 203034082

Date: 06-15-19