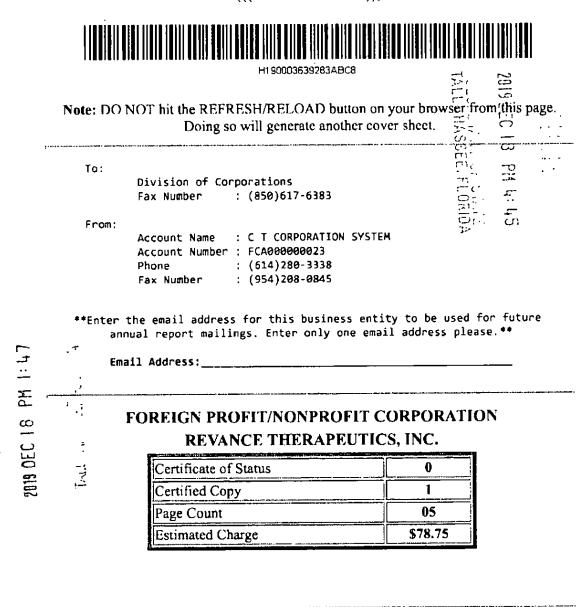


lease print this page and use it as a cover sheet. Type the fax audit number Note: (shown below) on the top and bottom of all pages of the document.

(((H190003639283)))



Electronic Filing Menu Corporate Filing Menu

Help



A LICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT

BUSINESS IN FLORIDA

Revance Thera	peutics, Inc		
(Enter name of	corporation; must include "INCORPORATI Corp," "Inc," "Co," or "Corp.")	ED,	"COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate converste na	me	adopted for the purpose of transacting business in Florida)
Delaware			77-0551645 (FEI number, if applicable)
	ry under the law of which it is incorporated	}	(FEI number, if applicable)
08/10/1999			(Date of duration, if other than perpetual)
	e of incorporation)		(Date of duration, if other than perpetual)
7555 Gateway B.	lvd Newark, CA 94560		(i) (i) (i) (i) (i) (ii) (ii) (ii) (ii)
	(Pri	ncip	al office address)
	(Current ma	ailin	g address, if different)
Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)
Name:	C T Corporation System		-
ffice Address:	1200 South Pine Island Road		
	Plantation,		33324 Florida
	(City)		, Florida (Zip code)
D	ent's acceptance;		e of process for the above stated corporation at the p

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.

(Registered agent's signature)

Kimberly Steinmetz Vice President/ Asst. Secretary

C T Corporation System

To: Page 4 of 6

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
See attachment Chairman:	
Address:	
Win Chris	
Vi∞ Chairman:	
Address:	
	<i>نگ</i> ب سز
Director:	
Address:	SS. P
Director:	节(=
Address:	그는 등
	
B. OFFICERS	,
President:	
Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listin	g additional officers and/or directors.
12. Marly Irley	
12. Mult Freeze Signature of Director or Officer The officer or director signing this document (and who is listed in number)	Lahoura) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a doc a third degree felony as provided for in s.817.155, F.S.	
Mark Foley, CEO	

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

ATTACHMENT

Revance Therapeutics, Inc.

Officers / Directors:

CEO / Director - Mark Foley 7555 Gateway Blvd Newark, CA 94560 - Tobin Schilke 7555 Gateway Blvd Newark, CA 94560 CFO - Caryn McDowell 7555 Gateway Blvd Newark, CA 94560 General Counsel 7555 Gateway Blvd Newark, CA 94560 - Abhay Joshi C00



Page 1

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

DELAWARE, DO HEREBY CERTIFY "REVANCE 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 SIXTH DAY OF NOVEMBER, 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.

CONTROL OF THE PROPERTY OF THAT THE FRANCHISE TAXES HAVE

BEEN PAID TO DATE.

corp.delaware.gov/authver.shtm

Authentication: 203947081

Date: 11-06-19