

For Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : UNITED AGENT GROUP INC.  
Account Number : I20160000086  
Phone : (561)508-5033  
Fax Number : (561)694-1639

**\*\*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**  
**Verity Pharmaceuticals Inc.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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MAR 20 2020

# 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. Verity 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. (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/11/2019 5. (Date of incorporation) (Date of duration, if other than perpetual)

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

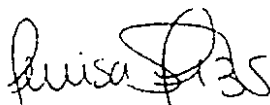
7. 1225 Drummers Lane Suite 350, Wayne, PA 19087  
(Principal office street address)

1225 Drummers Lane Suite 350, Wayne, PA 19087  
(Current mailing address, if different)

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

Name: United Agent Group Inc.  
Office Address: 801 US Highway 1  
North Palm Beach, Florida 33408  
(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.*



Jenisa Irizarry, Special 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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐Chairman

Name: Allan Silber

☐Vice Chairman

Address: 1225 Drummers Lane Suite 350

☒Director

Wayne, PA 19087

☐President

☐Vice President

☐Secretary

☐Treasurer

☒Other Executive Chairman

☐Other

☐Chairman

Name: Howard M. Glase

☐Vice Chairman

Address: 1225 Drummers Lane Suite 350

☒Director

Wayne, PA 19087

☐President

☐Vice President

☐Secretary

☐Treasurer

☒Other CEO

☐Other

☐Chairman

Name: Neil Flesher

☐Vice Chairman

Address: 1225 Drummers Lane Ste 350

☒Director

Wayne, PA 19087

☐President

☐Vice President

☐Secretary

☐Treasurer

☒Other Chief Medical Officer

☐Other

☐Chairman

Name: Scott Doherty

☐Vice Chairman

Address: 1225 Drummers Lane Suite 350

☐Director

Wayne, PA 19087

☐President

☐Vice President

☐Secretary

☐Treasurer

☒Other CFO

☐Other

☐Chairman

Name: Jay Silber

☐Vice Chairman

Address: 1225 Drummers Lane Ste 350

☐Director

Wayne, PA 19087

☐President

☐Vice President

☒Secretary

☐Treasurer

☒Other Chief Operating Officer

☐Other

☐Chairman

Name: Robert Rieder

☐Vice Chairman

Address: 1225 Drummers Lane Suite 350

☒Director

Wayne, PA 19087

☐President

☐Vice President

☐Secretary

☐Treasurer

☐Other

☐Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. David P. [Signature]

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. Jenisa Irizarry, Attorney-in-Fact for Howard M. Glase, President

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

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERITY 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 TWELFTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERITY PHARMACEUTICALS INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2019.

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



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.

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SR# 20202097072

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

Authentication: 202573501

Date: 03-12-20