

F2000000/875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

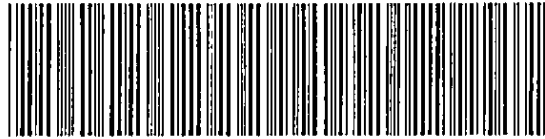
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET
1/11/2000 11:00 AM

APR 21 A 7:37

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APR 21 11:49

APR 22 2000

7:15 PM

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

ACCOUNT NO. : I20000000195

REFERENCE : 267002 4311863

AUTHORIZATION :

COST LIMIT :

[Handwritten signature]
5/14/8.75

ORDER DATE : April 21, 2020

ORDER TIME : 11:27 AM

ORDER NO. : 267002-005

CUSTOMER NO: 4311863

FOREIGN FILINGS

NAME: HERITAGE PHARMACEUTICALS INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heritage 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:

Ivy M. Shapiro, Paralegal

Name of Person

Blank Rome LLP

Firm/Company

One Logan Square

Address

Philadelphia, PA 19103

City/State and Zip code

gary.ruckelshaus@avetpharma.com

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

For further information concerning this matter, please call:

Ivy M. Shapiro

at (215) 569-5784

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303**

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Heritage 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. 20-1864347
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/20/2005 5. Perpetual
(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. One Tower Center Boulevard, Suite 1700, East Brunswick, New Jersey 08816
(Principal office street address)
- One Tower Center Boulevard, Suite 1700, East Brunswick, New Jersey 08816
(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: Amanda Robinson Amanda Robinson, Asst. Vice President

(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]:

FILED
2008 APR 24 A 7:57
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

A. DIRECTORS

☒ Chairman Name: Marvin Samson
☐ Vice Chairman Address: One Tower Center Boulevard
☐ Director Suite 1700
☐ President East Brunswick, NJ 08816
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: John Denman
☐ Vice Chairman Address: One Tower Center Boulevard
☐ Director Suite 1700
☒ President East Brunswick, NJ 08816
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: William Marth
☐ Vice Chairman Address: One Tower Center Boulevard
☒ Director Suite 1700
☐ President East Brunswick, NJ 08816
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

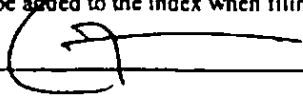
☐ Chairman Name: Satish Mehta
☐ Vice Chairman Address: One Tower Center Boulevard
☒ Director Suite 1700
☐ President East Brunswick, NJ 08816
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Vikas Thapar
☐ Vice Chairman Address: One Tower Center Boulevard
☒ Director Suite 1700
☐ President East Brunswick, NJ 08816
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Tajuddin Shaikh
☐ Vice Chairman Address: One Tower Center Boulevard
☒ Director Suite 1700
☐ President East Brunswick, NJ 08816
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

****See Exhibit A for additional officers**

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.  _____
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. Gary J. Ruckelshaus, SVP, GC, CCO & Secretary
(Typed or printed name and capacity of person signing application)

HERITAGE PHARMACEUTICALS INC.
APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

QUESTION 11: The following are the name and address of initial primary officers of Heritage Pharmaceuticals Inc.:

<u>Name</u>	<u>Address</u>	<u>Title</u>
Gary J. Ruckelshaus	One Tower Center , Suite 1700 East Brunswick, NJ 08816	SVP, GC, CCO & Secretary
Jamie Berlanska	One Tower Center, Suite 1700 East Brunswick, NJ 08816	Chief Financial Officer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HERITAGE 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 TWENTY-FIRST DAY OF APRIL, 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 "HERITAGE PHARMACEUTICALS INC." WAS INCORPORATED ON THE TWENTIETH DAY OF JUNE, A.D. 2005.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

3987766 8300

SR# 20203006454

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202800477

Date: 04-21-20