

6/2/2020

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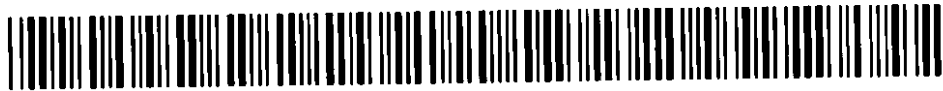
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover SheetSUBMIT Please use
original file date 6/02/20

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 : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

••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
RVL PHARMACEUTICALS, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations
RVL Pharmaceuticals, Inc.

SUBJECT: _____
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:

| | | |
|--|-------------------------|---------------------------------|
| _____ | Name of Person | 2020 June - 2 ATTN: ES |
| RVL Pharmaceuticals, Inc. | | |
| _____ | Firm/Company | |
| 400 Crossing Blvd. | | |
| _____ | Address | |
| Bridgewater, NJ 08807 | | |
| _____ | City/State and Zip code | |
| phoelele@osmotica.com | | |
| _____ E-mail address: (to be used for future annual report notification) | | |

For further information concerning this matter, please call:

| | | |
|-------------------|------------|--------------------------|
| Christopher Klein | 909 | 809-1300 |
| _____ | at (_____) | _____ |
| 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**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy |
|---|--|---|---|

DocuSign Envelope ID: 689D84B9-D8CC-4BE4-86CD-863DDFCF8B97

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.

RVL Pharmaceuticals, Inc.

1. _____
(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)
Delaware 45-3077918

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
08/09/2011

4. _____ 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)
2500 Main St. Extension, Suite 6, Sayreville, NJ 08872

7. _____
(Principal office street address)
400 Crossing Blvd Bridgewater, NJ 08807

(Current mailing address, if different)

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

Name: _____
1201 Hays Street

Office Address: _____
Tallahassee 32301
_____, Florida _____
(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: _____

(Registered agent's signature) Amanda Robinson, 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.

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

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A. DIRECTORS

SEE ATTACHED

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

2020 JUN -2
M 12:13

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ 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. Christopher Klein
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.

Christopher Klein, Secretary and General Counsel

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

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RVL Pharmaceuticals Inc.

OFFICERS

| Name | Title | Business Address | Personal Address |
|-------------------|--------------------------------|--|--|
| Brian Markison | CEO | 400 Crossing Blvd. Bridgewater, NJ 08807 | 22 Morven Place Princeton, NJ 08540 |
| Andrew Einhorn | CFO | 400 Crossing Blvd. Bridgewater, NJ 08807 | 15 Garabrant Street Mendham, NJ 07945 |
| James Schaub | Vice President | 400 Crossing Blvd. Bridgewater, NJ 08807 | 121 King George Road Pennington, NJ 08534 |
| Christopher Klein | General Counsel & Secretary | 400 Crossing Blvd. Bridgewater, NJ 08807 | 5 Firestone Court Skillman, NJ 08558 |

2020-06-02 PM 12:53

DIRECTORS

| | | |
|---------------------|----------|---|
| David Burgstahler | Director | 400 Crossing Blvd. Bridgewater, NJ 08807 |
| Sriram Venkataraman | Director | 400 Crossing Blvd. Bridgewater, NJ 08807 |
| Daniel Sielecki | Director | 400 Crossing Blvd. Bridgewater, NJ 08807 |
| Carlos Sielecki | Director | 400 Crossing Blvd. Bridgewater, NJ 08807 |
| Juan Vergez | Director | 400 Crossing Blvd. Bridgewater, NJ 08807 |
| Brian Markison | Director | 400 Crossing Blvd. Bridgewater, NJ 08807 |

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RVL 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 FOURTEENTH DAY OF MAY, 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 "RVL PHARMACEUTICALS, INC." WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2011.

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

2020.11.11-2 10:12:13



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.

5022283 8300

SR# 20203940099

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

Authentication: 202934760

Date: 05-14-20

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