

11/9/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**F2000005047**

**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.

(((H20000388496 3)))



H200003884963ABC7

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)288-0845

**\*\*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

#### Paragon Pharmaceutical Management Company

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

RECEIVED

2020 NOV 10 AM 7:51

FLORIDA DEPARTMENT OF STATE

NOV 12 2020

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

# 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.

Paragon Pharmaceutical Management Company

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)

2. Delaware 3. 80-0670130  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
4. 12/20/2010 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)

50 South Pointe Drive, Unit 3402, Miami Beach, FL 33139

7. \_\_\_\_\_  
(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.*

C T Corporation System

James M. Halpin  
Assistant Secretary

By: James M. Halpin  
(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.

2020 NOV 10 AM 10:16

FILED

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

**A. DIRECTORS**

N/A

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

N/A

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Jeffrey S. Aronin

Director: \_\_\_\_\_

50 South Pointe Drive, Unit 3402

Address: \_\_\_\_\_

Miami Beach, FL 33139

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

Jeffrey S. Aronin

President: \_\_\_\_\_

50 South Pointe Drive, Unit 3402

Address: \_\_\_\_\_

Miami Beach, FL 33139

Patrick J. Morris (Executive VP, Legal Affairs and General Counsel)

Vice President: \_\_\_\_\_

330 N. Wabash Avenue #3500

Address: \_\_\_\_\_

Chicago, IL 60611

Patrick J. Morris

Secretary: \_\_\_\_\_

330 N. Wabash Avenue #3500, Chicago, IL 60611

Address: \_\_\_\_\_

Jeffrey S. Aronin

Treasurer: \_\_\_\_\_

50 South Pointe Drive, Unit 3402, Miami Beach, FL 33139

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Ang m \_\_\_\_\_

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.

Patrick J. Morris, Executive Vice President, Legal Affairs and General Counsel

13. \_\_\_\_\_

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

FILED

2020 NOV 10 AM 10:16

NOTAR PUBLIC

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARAGON PHARMACEUTICAL MANAGEMENT COMPANY" 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 NINTH DAY OF NOVEMBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4913681 8300

SR# 20208301531

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204040130

Date: 11-09-20