

2/25/2021

F21000001130

Florida Department of State
Division of Corporations
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To:

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****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
Oyster Point Pharma, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

2021 FEB 25 PM 2:23

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2/26/21

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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. Oyster Point Pharma, 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. 81-1030955
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/30/2015 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 202 Carnegie Center #109, Princeton, NJ 08540
(Principal office address)

same
(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



By: _____

(Registered agent's signature) Terrell Kearney Assistant Secretary

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

A. DIRECTORS *SEE ATTACHMENT*

Chairman: Ali Behbahani

Address: 202 Carnegie Center #109

Princeton, NJ 08540

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS *SEE ATTACHMENT*

President: Jeffrey Nau

Address: 202 Carnegie Center, #109 Princeton, NJ 08540

Vice President: _____

Address: _____

Secretary: Daniel Lochner

Address: 202 Carnegie Center #109, Princeton, NJ 08540

Treasurer: _____

Address: _____

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

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.

Jeffrey Nau, PhD, President and CEO

13. _____

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

**Attachment to Florida
Officers & Directors**

- 1 Full Name: Jeffrey Nau
Officer/Director: Officer, Director
Officer's Title: President and CEO
Director's Title: Director
Business Address: 202 Carnegie Center #109
City: Princeton
State: NJ
ZIP Code: 08540
- 2 Full Name: Daniel Lochner
Officer/Director: Officer
Officer's Title: Chief Financial Officer
Director's Title:
Business Address: 202 Carnegie Center #109
City: Princeton
State: NJ
ZIP Code: 08540
- 3 Full Name: John Snisarenko
Officer/Director: Officer
Officer's Title: Chief Commercial Officer
Director's Title:
Business Address: 202 Carnegie Center #109
City: Princeton
State: NJ
ZIP Code: 08540
- 4 Full Name: Michael G Atieh
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 202 Carnegie Center #109
City: Princeton
State: NJ
ZIP Code: 08540
- 5 Full Name: William J Link
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 202 Carnegie Center #109
City: Princeton
State: NJ
ZIP Code: 08540
- 6 Full Name: Mark Murray
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 202 Carnegie Center #109
City: Princeton

State: NJ
ZIP Code: 08540
7 Full Name: Clare Ozawa
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 202 Carnegie Center #109
City: Princeton
State: NJ
ZIP Code: 08540
8 Full Name: Benjamin Tsai
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 202 Carnegie Center #109
City: Princeton
State: NJ
ZIP Code: 08540
9 Full Name: Aimee Weisner
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 202 Carnegie Center #109
City: Princeton
State: NJ
ZIP Code: 08540

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OYSTER POINT PHARMA, 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-FOURTH DAY OF FEBRUARY, A.D. 2021.

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.



5776894 8300

SR# 20210629162

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

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.

Authentication: 202591689

Date: 02-24-21