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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.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Applied Therapeutics, Inc.

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

2021 APR 22 PM 3:42

21 APR 22 PM 3:42
FILED

FILED

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. Applied Therapeutics, 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. 1/20/2016 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. 545 Fifth Ave, Ste 1400, New York, NY 10017
(Principal office street address)

(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)

FILED
21 APR 22 PM 3:42
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH
FLORIDA

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.



Saray Djidji, 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: Shoshana Shendelman
☐ Vice Chairman Address: 5243 Sycamore Ave
☒ Director Bronx, NY 10471
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Adam Hansard
☐ Vice Chairman Address: 1 Franklin St Unit 3408
☐ Director Boston, MA 02110
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Commercial Officer ☐ Other _____

☐ Chairman Name: Charles Silberstein
☐ Vice Chairman Address: 226 Hutchinson Rd
☐ Director Englewood, NJ 07631-4407
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CFO ☐ Other _____

☐ Chairman Name: Riccardo Perfetti
☐ Vice Chairman Address: 332 W 19th St. Apt PHA
☐ Director New York, NY 10011
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Medical Officer ☐ Other _____

☐ Chairman Name: Teena Lerner
☐ Vice Chairman Address: 5250 Independence Ave
☒ Director Bronx, NY 10471
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Joel Marcus
☐ Vice Chairman Address: 3153 Abington Drive
☒ Director Beverly Hills, CA 90210
☐ 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. 

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. Saray Djidji, Attorney in Fact

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

Applied Therapeutics, Inc.

CONT. 11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors:

Jay Skyler - Director
445 Grand Bay Drive #1206
Key Biscayne, FL 33149

Leslie Funtleyder - Director
19 Morand Lane
Wilton, CT 06897

Stacy Kanter - Director
221 West 82nd Street, Apt. 3G
New York, NY 10024

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APPLIED THERAPEUTICS, 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-SECOND DAY OF APRIL, 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 SAID "APPLIED THERAPEUTICS, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF JANUARY, A.D. 2016.

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




 Jeffrey W. Bullock, Secretary of State

5942155 8300

SR# 20211410489

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

Authentication: 203035018

Date: 04-22-21