

F2100005424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

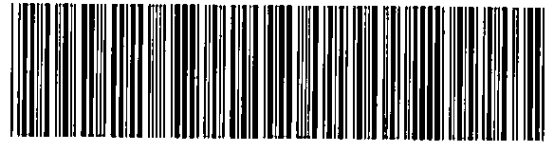
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200371493982

2021 SEP 21 PM 2:24

SEP 22 2021

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

ACCOUNT NO. : I20000000195

REFERENCE : 011790 7541001

AUTHORIZATION :



COST LIMIT : \$ 784.75

ORDER DATE : September 16, 2021

ORDER TIME : 12:26 PM

ORDER NO. : 011790-015

CUSTOMER NO: 7541001

FOREIGN FILINGS

NAME: ALBIRO PHARMA 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: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Albireo Pharma 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:

Don Kline

Name of Person

Albireo Pharma Inc.

Firm/Company

10 Post Office Square, Suite 1000

Address

Boston, MA 02109

City/State and Zip code

don.kline@albiorepharma.com

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

For further information concerning this matter, please call:

Don Kline

at (617) 301-0379

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. Albireo 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

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 12/8/2003

(Date of incorporation)

5. _____

(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. 10 Post Office Square, Suite 1000, Boston, MA 02109

(Principal office street address)

Office Address:

1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

2011 SEP 21 PM 2:24

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.


Assistant 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]:

A. DIRECTORS

☐ Chairman Name: Ronald H.W. Cooper
☐ Vice Chairman Address: 10 Post Office Square, Suite 1000
☒ Director Boston, MA 02109
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other Chief Executive Officer ☐ Other _____

☐ Chairman Name: Simon N.R. Harford
☐ Vice Chairman Address: 10 Post Office Square, Suite 1000
☐ Director Boston, MA 02109
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☒ Other Chief Financial Officer

☒ Chairman Name: David Chiswell, Ph.D.
☐ Vice Chairman Address: 10 Post Office Square, Suite 1000
☒ Director Boston, MA 02109
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jan P. Mattsson, Ph.D.
☐ Vice Chairman Address: 10 Post Office Square, Suite 1000
☐ Director Boston, MA 02109
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Scientific Officer ☐ Other _____

☐ Chairman Name: Jason G. Duncan
☐ Vice Chairman Address: 10 Post Office Square, Suite 1000
☐ Director Boston, MA 02109
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other Chief Legal Officer ☒ Other General Counsel

☐ Chairman Name: Patrick T. Horn, M.D., Ph.D.
☐ Vice Chairman Address: 10 Post Office Square, Suite 1000
☐ Director Boston, MA 02109
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Medical Officer ☐ 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. Ronald H.W. Cooper, Chief Executive Officer
(Typed or printed name and capacity of person signing application)

ALBIREO PHARMA INC.

COMPLETE LIST OF DIRECTORS AND OFFICERS

OFFICERS

Name & Title	Business Mailing Address
Ronald H.W. Cooper – President and Chief Executive Officer	10 Post Office Square, Suite 1000 Boston, MA 02109
Simon N.R. Harford – Treasurer and Chief Financial Officer	10 Post Office Square, Suite 1000 Boston, MA 02109
Jason G. Duncan – Secretary, Chief Legal Officer and General Counsel	10 Post Office Square, Suite 1000 Boston, MA 02109
Jan P. Mattsson, Ph.D. – Chief Scientific Officer	10 Post Office Square, Suite 1000 Boston, MA 02109
Patrick T. Horn, M.D., Ph.D. – Chief Medical Officer	10 Post Office Square, Suite 1000 Boston, MA 02109
Martha J. Carter – Chief Regulatory Officer	10 Post Office Square, Suite 1000 Boston, MA 02109
Pamela Stephenson – Chief Commercial Officer	10 Post Office Square, Suite 1000 Boston, MA 02109
Michelle Graham – Chief Human Resources Officer	10 Post Office Square, Suite 1000 Boston, MA 02109
Joan Connolly – Chief Technology Officer	10 Post Office Square, Suite 1000 Boston, MA 02109

DIRECTORS

David Chiswell, Ph.D.	10 Post Office Square, Suite 1000 Boston, MA 02109
Ronald H.W. Cooper	10 Post Office Square, Suite 1000 Boston, MA 02109
Michael Gutch, Ph.D.	10 Post Office Square, Suite 1000 Boston, MA 02109
Roger A. Jeffs, Ph.D.	10 Post Office Square, Suite 1000 Boston, MA 02109
Anne Klibanski, M.D.	10 Post Office Square, Suite 1000 Boston, MA 02109
Stephanie S. Okey, M.S.	10 Post Office Square, Suite 1000 Boston, MA 02109
Davey S. Scoon	10 Post Office Square, Suite 1000 Boston, MA 02109

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALBIREO 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 SIXTEENTH DAY OF SEPTEMBER, 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 "ALBIREO PHARMA, INC." WAS INCORPORATED ON THE EIGHTH DAY OF DECEMBER, A.D. 2003.

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




Jeffrey W. Bullock, Secretary of State

3736631 8300

SR# 20213264717

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

Authentication: 204174566

Date: 09-16-21