

10/12/21, 9:11 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((H210003802563)))



H210003802563ABC.

**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 : FC4000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*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**  
**Clarus Therapeutics, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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.*

CLARUS THERAPEUTICS, 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)

2. DELAWARE 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/04/2003 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. 555 SKOKIE BLVD #340 NORTHBROOK IL 60062  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

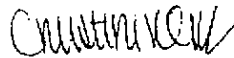
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

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



**Christine Keim**  
Assistant Secretary

By: \_\_\_\_\_  
(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.

2021 OCT 12 PM 1:18

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

**A. DIRECTORS**

Chairman: Robert E. Dudley  
 Address: 555 Skokie Blvd., Suite 340  
 Northbrook, IL 60062

Vice Chairman: N/A  
 Address:

Director: James Thomas  
 Address: 555 Skokie Boulevard, Suite 340  
 Northbrook, IL 60062

Director: Mengjiao Jaing  
 Address: 555 Skokie Boulevard, Suite 340  
 Northbrook, IL 60062

**B. OFFICERS**

President: Robert E. Dudley  
 Address: 555 Skokie Boulevard, Suite 340  
 Northbrook, IL 60062

Vice President: Steve Bourne  
 Address: 555 Skokie Boulevard, Suite 340  
 Northbrook, IL 60062

Secretary: Steve Bourne  
 Address: 555 Skokie Boulevard, Suite 340, Northbrook, IL 60062

Treasurer: Steve Bourne  
 Address: 555 Skokie Boulevard, Suite 340, Northbrook, IL 60062

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

12. Steven A. Bourne  
 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. Steven A. Bourne, Corporate Secretary  
 (Typed or printed name and capacity of person signing application)

Directors:

Alex Zisson

555 Skokie Boulevard, Suite 340 Northbrook, IL 60062

Bruce Robertson

555 Skokie Boulevard, Suite 340 Northbrook, IL 60062

Elizabeth Cermak

555 Skokie Boulevard, Suite 340 Northbrook, IL 60062

Mark Prygoeki

555 Skokie Boulevard, Suite 340 Northbrook, IL 60062

2021 OCT 12 PM 1:18

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLARUS 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 ELEVENTH DAY OF OCTOBER, 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.

2021 OCT 12 PM 1:18



3666310 8300

SR# 20213481243

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 "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: 204379823

Date: 10-11-21