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M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations						
QPharma AB, Inc.						
· · · · · · · · · · · · · · · · · · ·	ne of corporation -	must include suffix				
Dear Sir or Madam:						
The enclosed "Application by Foreign "Certificate of Existence," or "Certificatory above referenced foreign corporation of the	rate of Good Stand	ling" and check are sub-				
Please return all correspondence conce Daniella Silva	erning this matter (to the following:				
<u>,,, , , , , , , , , , , , , , , , , , </u>	Name of P	erson				
TherapeuticsMD, Inc.						
951 Yamato Road, Suite 220	Firm/Comp	any				
Address Boca Raton, FL 33431			一。 2000 20	2@1 C	-	
	City/State and	l Zip code			DEC 14	
legal@therapeuticsmd.com					F	ŗ
E-mail addr	ess: (to be used fo	r future annual report ne	otification)	700 700	ny ⊒k	į
For further information concerning this	s matter, please ca	II:		2 <u>5</u>	به دی	į,
Sharon Roberts	850 at (385-4240		21-	55	
Name of Person	Area Code	Daytime Teleph	one Number			
STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations			
Enclosed is a check for the following a ■ \$70.00 Filing Fee □ \$78.75 Fit Certificate	ling Fee & 🗇	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of State Certified Copy	us &		

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. QPharma AB, 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) Sweden 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Agneslundsvägen 27, 212 15 Mahnö, Sweden (Principal office address) PO Box 590, 201 25 Malmö, Sweden (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Paracorp Incorporated Name: 155 Office Plaza Drive, 1st Floor Office Address: Tallahassee (City) 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

See consent as attached.

duties, and I am familiar with and accept the obligations of my position as registered agent.

(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.

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my

11. Names and business addresses of officers and/or directors: A. DIRECTORS Lars Peter Brunse Chairman: PO Box 590, 20125 Malmö, Sweden Address: Vice Chairman: Anders Löfgren PO Box 590, 20125 Malmö, Sweden Address: Kenneth Stokholm Director: PO Box 590, 20125 Malmö, Sweden Address: **B. OFFICERS** Kenneth Stokholm President: PO Box 590, 20125 Malmö, Sweden Address: Joseph McCluskey Vice President: PO Box 590, 20125 Malmö, Sweden Secretary: Address: Christian Frandsen Treasurer: PO Box 590, 20125 Malmö, Sweden NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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.

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

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: December 13, 2021

ENTITY NAME: QPharma AB, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

\$. Bolagsverket

Swedish Companies Registration Office

SE 851-81 Sundsvall, Sweden Visiting address Stuvarvagen 21 +46-771-670-670, holagsverketise



Certificate of Good Standing

I, Linda Melin, of Bolagsverket (the Swedish Companies Registration Office) do hereby certify that

QPharma AB

registration number: 556499-5081

is a duly incorporated company under the laws of Sweden and is in good standing and has a legal corporate existence as far as the records of this office show as of the date stated below.

In testimony hereof, I have hereunto set my hand and the official seal of Bolagsverket at Sundsvall, this 17th day of November in the year of two thousand and twenty-one.

Linda Melin



Bolagsverket (the Swedish Companies Registration Office) is the official registrar of limited companies and other forms of business enterprise in Sweden. Before a Certificate of Good Standing is issued, the records kept by this office are examined to ensure that the following requirements are fulfilled for the company in question:

- the company has a registered competent board of directors
- the company has a registered qualified auditor, if required
- the company has fulfilled its obligations regarding the correct filing of its annual report
- the company is not the subject of company division, winding up or bankruptcy proceedings
- the company has not been dissolved as the result of a merger and has not been struck off the register for any other reason

The Certificate is signed by an official authorized to issue these and similar documents on behalf of Bolagsverket.