

F22000000457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

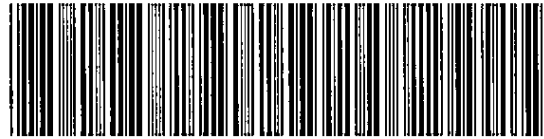
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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K. SALY
JAN 24 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 01/21/2022

Acc#I20160000072

Eric DW

Name:	Pocket Naloxone Corp
Document #:	
Order #:	14104788

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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	COGS: <input type="checkbox"/>

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Document _____
Examiner _____
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Verifier _____
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Ref# _____

Amount: \$ **78.75**

Thank you!

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. Pocket Naloxone Corp.
 (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. 84-1769506
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/14/2019 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. 4701 Sangamore Road, Suite 100N, Bethesda, MD 20816
 (Principal office street 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

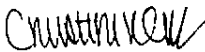
Office Address: 1200 South Pine Island Road

Plantation FL 33324
 (City) (Zip code)

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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:  Christine Kalm
 (Registered agent's signature) 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. 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: Kathryn Bowsher
 Vice Chairman Address: 30 Hill Street
 Director San Francisco, CA 94110
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Ashanthi Mathai
 Vice Chairman Address: 9101 Quintana Drive
 Director Bethesda, MD 20817
 President _____
 Vice President _____
 Secretary Treasurer
 Other ^{CEO} _____ Other _____

Chairman Name: Behshad Sheldon
 Vice Chairman Address: 18 Ridings Parkway
 Director Princeton, NJ 08540
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Andrea Barthwell
 Vice Chairman Address: 680 N. Lake Shore Drive, #1604
 Director Chicago, IL 60611
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Barry Katz
 Vice Chairman Address: 1600 S. Ocean Blvd #704
 Director Lauderdale by the Sea, FL 33062
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Morakinyo Ayodele
 Vice Chairman Address: 469 Ewing Street
 Director Princeton, NJ 08540
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

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 TALLAHASSEE, FLORIDA

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. *Ashanthi Mathai*
 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. Ashanthi Mathai
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POCKET NALOXONE CORP." 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 TWENTIETH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "POCKET NALOXONE CORP." WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY, A.D. 2019.

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

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SECRETARY OF STATE
DELAWARE

FILED




Jeffrey W. Bullock, Secretary of State

7419146 8300

SR# 20220191692

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

Authentication: 202445127

Date: 01-20-22