

F23000001461

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2023 MAR 13 PM 2:46

APPROVAL
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2023 MAR 13 PM 3:26

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ALLIANCE

MAR 13 2023

K. Brumley


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

ACCOUNT NO. : I20000000195

REFERENCE : 577356 8376947

AUTHORIZATION

COST LIMIT \$ 70.00



ORDER DATE : March 13, 2023

ORDER TIME : 1:56 PM

ORDER NO. : 577356-005

CUSTOMER NO: 8376947

FOREIGN FILINGS

NAME: LEXICON PHARMACEUTICALS, INC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lexicon Pharmaceuticals, 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:

Siri Slagle

Name of Person

Lexicon Pharmaceuticals, Inc

Firm/Company

2445 Technology Forest Blvd, 11th Floor

Address

The Woodlands, TX 77381

City/State and Zip code

sslagle@lexpharma.com

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

For further information concerning this matter, please call:

Siri Slagle

at (281) 863-3007

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. Lexicon Pharmaceuticals, 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. 76-0474169
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07-07-1995 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. upon qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2445 Technology Forest Blvd, 11th Floor, The Woodlands, TX 77382
(Principal office street address)
- (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
- Tallahassee, Florida 32301
(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.


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.

A. DIRECTORS

☒ Chairman Name: Raymond Debbane
☐ Vice Chairman Address: see attached
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Samuel L. Barker
☐ Vice Chairman Address: see attached
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

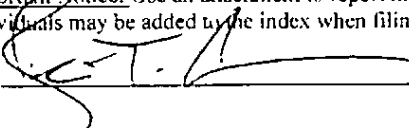
☐ Chairman Name: Lonnel C. Coats
☐ Vice Chairman Address: see attached
☒ Director _____
☐ President _____
☒ Vice President Chief Executive Officer
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Philippe Amouyal
☐ Vice Chairman Address: see attached
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jeffrey L. Wade
☐ Vice Chairman Address: see attached
☐ Director _____
☒ President President and Chief Financial Officer
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Brian T. Crum
☐ Vice Chairman Address: see attached
☐ Director _____
☐ President _____
☒ Vice President General Counsel
☒ 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. Brian T. Crum
(Typed or printed name and capacity of person signing application)



Directors / Corporate Officers

Directors / Members of the Board

Philippe J. Amouyal
Samuel L. Barker
Raymond Debbane
Robert J. Lefkowitz
Alan S. Nies
Frank P. Palantoni
Christopher J. Sobecki
Judith Swain
Lonnell Coats

Corporate Officers (Management Team)

Lonnell Coats	Chief Executive Officer
Jeffrey L. Wade	President and Chief Financial Officer
Alan J. Main, Ph.D.	Executive Vice President, Innovation and Chemical Sciences
Brian T. Crum	Senior Vice President, General Counsel and Secretary
Craig B. Granowitz, M.D., Ph.D.	Senior Vice President and Chief Medical Officer
Kenneth B. Kassler-Taub, M.D.	Senior Vice President, Regulatory and Quality Assurance
Kristen L. Alexander	Vice President, Finance and Accounting
Wendy E. McDermott	Vice President, Human Resources
Kiernan A. Seth, Ph.D.	Vice President and Chief Commercial Officer

* The corporate address for all directors and officers is 2445 Technology Forest Blvd, 11th Floor, The Woodlands, TX 77381

Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEXICON PHARMACEUTICALS, 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 THIRTEENTH DAY OF MARCH, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEXICON PHARMACEUTICALS, INC." WAS INCORPORATED ON THE SEVENTH DAY OF JULY, A.D. 1995.

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




Jeffrey W. Bullock, Secretary of State

2522653 8300

SR# 20230963232

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

Authentication: 202899163

Date: 03-13-23