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Division of Corporations

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Email Address: GCOFFICE@SUNOVION.COM

 σ

FOREIGN PROFIT/NONPROFIT CORPORATION SUMITOMO PHARMA AMERICA HOLDINGS, INC.

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To:

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.

	arma America holdings, Inc.		
(Enter name o "Inc.," "Co.," '	f corporation; must include "INCOR "Corp," "Inc," "Co," or "Corp.")	PORATED." "COMPANY."	"CORPORATION,"
-			
(If name unava	ilable in Florida, enter alternate corp	porate name adopted for the pu	urpose of transacting business in Plorida)
2. Delaware		27-0534130	2
(State or coun	try under the law of which it is incor		(FEI number, if applicable)
4. 07/13/2009		5. Perpenial	(approxime)
(Da	te of incorporation)		I duration, if other than perpetual)
6. Upon Qualific	ation		properties
	(Date first transacted (SEE SECTIONS 607.15)	business in Florida, if prior to 01 & 607.1502, F.S., to determ	io registration) nine penalty liability)
7.84 Waterford Dr	ive. Marlborough, MA 01752		
	(Pr	rincipal office street address)	
same	<u> </u>		
same	(Cur	rrent mailing address, if differ	em)
	(Cur		ent)
	(Car et address of Florida registered as		ent)
	(Cur		chyapic)
8. Name and stre Name:	(Cur <u>et address</u> of Florida registered as		chyapic)
8. Name and stre	(Curet address of Florida registered as CT Corporation System 1200 South Pine Island Road	gent: (P.O. Box <u>NOT</u> acce	Principle (STC 2013 APR
8. Name and stre Name:	(Curet address of Florida registered as CT Corporation System 1200 South Pine Island Road	gent: (P.O. Box <u>NOT</u> acco	FIL ST (DIT ATASS
8. Name and stre Name: Office Address: 9. Registered age	(Curet address of Florida registered as C T Corporation System 1200 South Pine Island Road Plantation (City)	gent: (P.O. Box <u>NOT</u> acce Plorida <u>33.</u> (2	PILED AND SEELED AND S
8. Name and stre Name: Office Address: 9. Registered age Having been name	(Curet address of Florida registered as C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: end as registered agent and to per-	gent: (P.O. Box NOT acco	PARABLE D FILE D FILE D FILE D AN 9: Zip code)
8. Name and stre Name: Office Address: 9. Registered age Having been nam designated in this further agree to co	(Cur et address of Florida registered as C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to ucc application, I hereby accept the	gent: (P.O. Box <u>NOT</u> access for the appointment as registered	TALL All ASSET FILED The above stated corporation of the application and agree to act withis capacity. I
8. Name and stre Name: Office Address: 9. Registered age Having been nam designated in this further agree to co	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to uccupilication, I hereby accept the comply with the provisions of all swith and accept the obligations of all swith all swith all swith all swith a	gent: (P.O. Box <u>NOT</u> access for the appointment as registered	the above stated corporation at the place agent and agree to act of this capacity. I per and complete performance of my duties at agent.
8. Name and stre Name: Office Address: 9. Registered age Having been nam designated in this further agree to co	C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to ucc application, I hereby accept the comply with the provisions of all s with and accept the obligations of	gent: (P.O. Box <u>NOT</u> access for the appointment as registered	TALL All ASSET FILED The above stated corporation of the application and agree to act withis capacity. I

^{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

To:

□Chairman Name: Koji Ishida	ClChairman Name: Linda Arsenault	
□ Vice Chairman Address: 84 Waterford Drive	□ Vice Chairman Address: 84 Waterford Drive	
Marlborough, MA 01752	☐ Director Marlborough, MA 01752	
□ President	□President	
□ Vice President	□Vice President	
©Secretary ©Treasurer	☐Secretary ☐Treasurer	
©Other Chief Executive Officer □Other		
□Chairman Name: Stephen Freeman	□Chairman Name: Yumi Sato	
□Vice Chairman Address: 84 Waterford Drive	□ Vice Chairman Address: 84 Waterford Drive	
Director Marlborough, MA 01752	Madha 1 Mada cara	
DPresident		
[]Vice President		
Sucretary ПTreasurer	☐Secretary ☐Treasurer	_
GOther EVP, CFO and Treasurer GOther		
JChairman Nane: Gregory Bokar	□Chairman Name:	
Wice Chairman Address: 84 Waterford Drive		
Director Marlborough, MA 01752	The	
President	©President	
Vice President	□Vice President	
Scoretary GTreasurer	13Secretary (3Treasurer	
Other EVP, GlOther	□Other □ □Other □	
portant Notice: Use an attachment to report more than six (6). The dividuals may be added to the index when filing your florida Dep		

13. Gregory Bokar, Secretary

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



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SUMITOMO PHARMA AMERICA HOLDINGS,

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 SEVENTEENTH DAY OF

APRIL, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Busines, Secretary of Blate