

F2300005876 Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bfoxworth@kowapharma.com

FOREIGN PROFIT/NONPROFIT CORPORATION
KOWA PHARMACEUTICALS AMERICA INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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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. Kowa Pharmaceuticals America, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. Delaware 3. 20-1414357
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07-08-2004 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10/1/2023

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 530 Industrial Park Blvd, Montgomery, Alabama 36117

(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.

By: Denise Bell

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS

<input type="checkbox"/> Chairman	Name: <u>Joe Barna</u>
<input type="checkbox"/> Vice Chairman	Address: <u>530 Industrial Park Blvd</u>
<input type="checkbox"/> Director	<u>Montgomery, Alabama 36117</u>
<input type="checkbox"/> President	<u></u>
<input type="checkbox"/> Vice President	<u></u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input checked="" type="checkbox"/> Other	<u>CPO</u>
	<input type="checkbox"/> Other

<input type="checkbox"/> Chairman	Name: <u>Jeff Moore</u>
<input type="checkbox"/> Vice Chairman	Address: <u>530 industrial Park Blvd</u>
<input type="checkbox"/> Director	<u>Montgomery, Alabama 36117</u>
<input type="checkbox"/> President	<u></u>
<input type="checkbox"/> Vice President	<u></u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input checked="" type="checkbox"/> CCO	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Chairman	Name: <u>Craig Sponseller</u>
<input type="checkbox"/> Vice Chairman	Address: <u>530 Industrial Park Blvd</u>
<input type="checkbox"/> Director	<u>Montgomery, Alabama 36117</u>
<input type="checkbox"/> President	<u></u>
<input type="checkbox"/> Vice President	<u></u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> CMO	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Chairman	Name: <u>Ben Stakley</u>
<input type="checkbox"/> Vice Chairman	Address: <u>530 Industrial Park Blvd</u>
<input type="checkbox"/> Director	<u>Montgomery, Alabama 36117</u>
<input type="checkbox"/> President	<u></u>
<input type="checkbox"/> Vice President	<u></u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input checked="" type="checkbox"/> CEO	
<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other	<input type="checkbox"/> Other

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

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. Joseph Brown 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. Joseph Bania
(Typed or printed name and capacity of person signing application)

To:

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2023-10-12 14:49:47 CST

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From: David Thomas

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KOWA PHARMACEUTICALS AMERICA, 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 SEPTEMBER, 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.



A handwritten signature in black ink that reads "J.W. Bullock". Below the signature, a horizontal line contains the text "Jeffrey W. Bullock, Secretary of State".