

F23 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet
000005876

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000358678 3))



H2300035867834BC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.

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

2023 OCT 12 AM 2:58
 DIVISION OF CORPORATIONS
 FLORIDA

2023 OCT 12 AM 2:58

FILED

RECEIVED

2023 OCT 12 PM 11:51

DIVISION OF CORPORATIONS
 FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, FL 33324
(City) (Zip code)

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):

FILED
 2023 OCT 12 PM 2:58
 SECRETARY OF STATE
 TALLAHASSEE, FL

A. DIRECTORS

☐ Chairman Name: Joe Bama

☐ Vice Chairman Address: 530 Industrial Park Blvd

☐ Director Montgomery, Alabama 36117

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CFO ☐ Other _____

☐ Chairman Name: Jeff Moore

☐ Vice Chairman Address: 530 Industrial Park Blvd

☐ Director Montgomery, Alabama 36117

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CCO ☐ Other _____

☐ Chairman Name: Craig Sponseller

☐ Vice Chairman Address: 530 Industrial Park Blvd

☐ Director Montgomery, Alabama 36117

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CMO ☐ Other _____

☐ Chairman Name: Ben Stakley

☐ Vice Chairman Address: 530 Industrial Park Blvd

☐ Director Montgomery, Alabama 36117

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ 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 Bama _____
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 Bama _____
(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 "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.




Jeffrey W. Bullock, Secretary of State