

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 : (614)280-3338
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: voss.deanna@endo.com

FOREIGN PROFIT/NONPROFIT CORPORATION ENDO USA INC

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JAN 22 2024
K. Brumley

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

ENDO USA, INC. (DI)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 93-4789629
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/05/2023 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. 1400 Atwater Drive, Malvern, PA 19355
(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)

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: _____

(Registered agent's signature)

Kimberly Bowens - 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: Blaise A. Coleman
☐ Vice Chairman Address: 1400 Atwater Drive
☒ Director Malvern, PA 19355
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Patrick A. Bary
☐ Vice Chairman Address: 1400 Atwater Drive
☒ Director Malvern, PA 19355
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

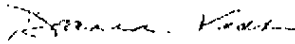
☐ Chairman Name: Matthew J. Maletta
☐ Vice Chairman Address: 1400 Atwater Drive
☐ Director Malvern, PA 19355
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other EVP ☒ Other CFO

☐ Chairman Name: Mark T. Bradley
☐ Vice Chairman Address: 1400 Atwater Drive
☐ Director Malvern, PA 19355
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other EVP ☐ Other CFO

☐ Chairman Name: John D. Boyle
☐ Vice Chairman Address: 1400 Atwater Drive
☐ Director Malvern, PA 19355
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other SVP ☐ Other _____

☐ Chairman Name: Deanna Voss
☐ Vice Chairman Address: 1400 Atwater Drive
☐ Director Malvern, PA 19355
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Asst. Secretary ☐ 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. Deanna Voss
 (Typed or printed name and capacity of person signing application)

ATTACHMENT

ENDO USA, INC.

OFFICERS

Chief Human Resources Officer

Tracy Basso
300 Tice Boulevard, Suite
230 Woodcliff Lake, NJ 07677

Senior Vice President, Tax

Thomas Neylon
1400 Atwater Drive Malvern,
PA 19355

Vice President, Controller and Chief Accounting Officer

Frank B. Raciti
1400 Atwater Drive Malvern,
PA 19355

DIRECTORS

Blaise A. Coleman
1400 Atwater Drive
Malvern, PA 19355

Patrick A. Barry
1400 Atwater Drive
Malvern, PA 19355

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ENDO USA, 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 NINTH DAY OF JANUARY, A.D. 2024.

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



2718604 8300

SR# 20240071560

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202554886

Date: 01-09-24