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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 APR 24 AM 10:58

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APR 25 2018

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

ACCOUNT NO. : I20000000195

REFERENCE : 131130 8077018

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : March 23, 2018

ORDER TIME : 9:31 AM

ORDER NO. : 131130-070

CUSTOMER NO: 8077018

FOREIGN FILINGS

NAME: HORIZON MEDICINES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Horizon Medicines LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Anne-Marie Dempsey

Name of Person

Horizon Medicines LLC

Firm/Company

150 South Saunders Road

**Address**

Lake Forest, IL 60045

City/State and Zip Code

ADempsey@horizonpharma.com

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

For further information concerning this matter, please call:

Anne-Marie Dempsey

+353

1 772 2147

at (\_\_\_\_\_)

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Horizon Medicines LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 61-1860865  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. upon filing  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Horizon Medicines LLC 6. Horizon Medicines LLC  
(Street Address of Principal Office) (Mailing Address)  
150 South Saunders Road  
Lake Forest, IL 60045 USA

7. 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)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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: Corporation Service Company  
[Signature]  
(Registered agent's signature)

Roxanne Turner  
Asst. Vice President

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>President &amp; CEO</u>	<u>Timothy P. Walbert</u> <u>150 South Saunders Road</u> <u>Lake Forest, IL 60045 USA</u>		
<u>EVP &amp; CFO</u>	<u>Paul W. Hoelscher</u> <u>150 South Saunders Road</u> <u>Lake Forest, IL 60045 USA</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

[Signature]  
Signature of an authorized person

Timothy P. Walbert  
Typed or printed name of signer

**HORIZON MEDICINES LLC**

**List of Managers and Officers**

**Managers:**

**Timothy P. Walbert**

**Paul W. Hoelscher**

**Officers:**

**President and Chief Executive Officer – Timothy P. Walbert**

**Executive Vice President and Chief Financial Officer – Paul W. Hoelscher**

**Executive Vice President, General Counsel and Secretary – Brian K. Beeler**

**Executive Vice President and Chief Medical Officer – Jeffrey W. Sherman, M.D.**

**Executive Vice President and Chief Business Officer – Robert F. Carey**

**Chief Administrative Officer – Barry J. Moze**

**Mailing address for all listed Managers and Officers is:**

**150 South Saunders Road, Lake Forest, IL 60045 USA**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HORIZON MEDICINES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HORIZON MEDICINES LLC" WAS FORMED ON THE THIRD DAY OF NOVEMBER, A.D. 2017.

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



6602451 8300

SR# 20182160352

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202383786

Date: 03-23-18