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### Foreign Limited Liability Company EYEVANCE PHARMACEUTICALS LLC

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

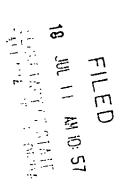
IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO RECISTER A FOREKEN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L EYEVANCE PHARMACEUTICALS'LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "I.L.C.," or "LLC.") (Humme imposlibile, enter alternate mimic adopted for the purpose of transacting business in Florida. The alternate manie mast include "I instead topbility Company," "L.L.C." or "LLC.") 2. Delaware (Jurisdiction under the law of which foreign litrited liability company is organized) Upon Qualification (Dare fore transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine parally liability) 777 Taylor St Stc 1050 (Matting Address) (Street Address of Principal Office) Fort Worth, TX 78102 7. Name and street address of Florida registered agent. (P.O. Box. NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 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: CHURCHUL WOUL Christine Kelm, Assistant Secretary (Repared agent's pigneture) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: SEE ATTACHMENT (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, E.S.

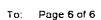
#### Eyevance Pharmaceuticals, LLC

# Attachment to Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida

#### Attachment for Item #8:

Title/Capacity	Manager Serves as Governor	<u>Name</u>	<u>Address</u>
Chief Executive Officer	Х	Jerry St. Peter	3888 South Hills Circle, Fort Worth, TX 76109
Chief Financial Officer		Wes Brazell	6358 Elm Crest Court, Fort Worth, TX 76132
Managing Member		Thomas Vandervort	1055B Powers Place, Alpharetta, GA 30009
Managing Member		James Flexner	1 Bryant Park, 39th Floor, New York, NY 10036



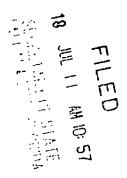




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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EYEVANCE PHARMACEUTICALS LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE ELEVENTH DAY OF JULY, A.D. 2018.

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



6520380 8300 SR# 20185605074



Authentication: 203043273

Date: 07-11-18