

Florida Department of State

M210001410063

Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email Address: _____

Foreign Limited Liability Company

Anesta, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

2021 APR -8 PM 5:02

2021 APR -8 AM 10:01

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Electronic Filing Menu

Corporate Filing Menu

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APR - 8 2021

K. Brumbley

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. Anesta, 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.")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

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

4745 Wiley Post Way

4745 Wiley Post Way

5. (Street Address of Principal Office)

6. (Mailing Address)

Salt Lake City, UT 84116

Salt Lake City, UT 84116

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(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.



(Registered agent's signature)

2021 APR - 8 AM 10:01

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Deborah Griffin

☐ Member Address: 1090 Horsham Road

☐ Authorized North Wales, PA 19454

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Brendan O' Grady

☐ Member Address: 400 Interpace Parkway

☐ Authorized Parsippany, NJ 07054

Person _____

☒ Other President & CEO ☐ Other _____

☐ Manager Name: Jonathan Adar

☐ Member Address: 400 Interpace Parkway

☐ Authorized Parsippany, NJ 07054

Person _____

☒ Other VP ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Brian Shanahan

☐ Member Address: 145 Brandywine Parkway

☐ Authorized West Chester, PA 19380

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Deborah Griffin

☐ Member Address: 1090 Horsham Road,

☐ Authorized North Wales, PA 19454

Person _____

☒ Other VP ☒ Other Chief Acct Officer

☐ Manager Name: Brian Shanahan

☐ Member Address: 145 Brandywine Parkway,

☐ Authorized Parsippany, NJ 07054

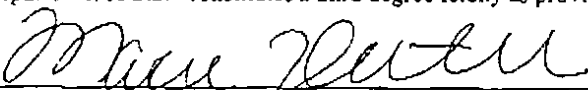
Person _____

☒ Other 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.

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 of an authorized person

Marie Heitzman, Attorney-In-Fact

Typed or printed name of signer

Listed Officers (Cont)

Debra Peterson – Treasurer – 400 Interpace Parkway, Parsippany, NJ 07054

Kirsten Bauer - Assistant Secretary – 400 Interpace Parkway, Parsippany, NJ 07054

Laurence Rickles - Assistant Treasurer – 400 Interpace Parkway, Parsippany, NJ 07054

Douglas McCormack - Assistant Treasurer – 400 Interpace Parkway, Parsippany, NJ 07054. DUS

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANESTA 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 EIGHTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANESTA LLC" WAS FORMED ON THE TENTH DAY OF SEPTEMBER, A.D. 1993.

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



2350517 8300

SR# 20211229114

You may verify this certificate online at 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: 202926037

Date: 04-08-21