

711 000099409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

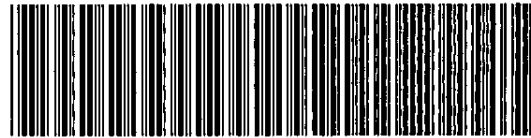
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 18 2011

COVER LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: ECLIPSE PHARMACEUTICALS, INC.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75 ✓

OPTIONAL:

Certificate of Status	\$ 8.75 ✓
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TODD MACLAUGHLAN

Name (printed or typed)

3010 SUMMER SWAN DR

Address

ORLANDO, FL 32825

City, State & Zip

908-635-2326

Daytime Telephone Number

TODD.MACLAUGHLAN@ECLIPSEPHARMA.COM

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

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TALLAHASSEE, FLORIDA

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CERTIFICATE OF DOMESTICATION

The undersigned, TODD MACLAUGHLAN, CEO,
(Name) (Title)

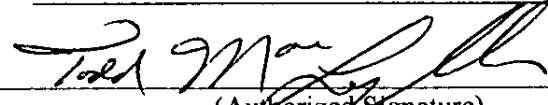
of ECLIPSE PHARMACEUTICALS, INC. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was APRIL 27, 2007.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was NEW JERSEY.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was ECLIPSE PHARMACEUTICALS, INC..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is ECLIPSE PHARMACEUTICALS, INC..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was NEW JERSEY.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am TODD MACLAUGHLAN, CEO,
TODD MACLAUGHLAN, of ECLIPSE PHARMACEUTICALS, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 14 day of NOVEMBER, 2011


(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

ECLIPSE PHARMACEUTICALS, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

3010 SUMMER SWAN DR
ORLANDO, FL 32825

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

1,000 SHARES

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

TODD MACLAUGHLAN
3010 SUMMER SWAN DR
ORLANDO, FL 32825
CEO

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

TODD MACLAUGHLAN
3010 SUMMER SWAN DR
ORLANDO, FL 32825

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

TODD MACLAUGHLAN
3010 SUMMER SWAN DR
ORLANDO, FL 32825

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TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent

Date

11.15.11

Signature/Incorporator

Date

11.15.11