

1708000004178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

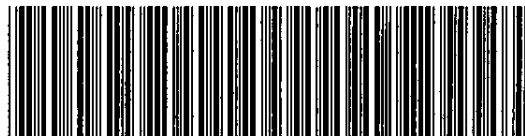
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600135531226

09/12/08--01031--020 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 12 AM 11:30

J. BRYAN

SEP 15 2008

EXAMINER



PACIFIC PULMONARY SERVICES

HOME OXYGEN • RESPIRATORY MEDICATIONS • SLEEP THERAPY

88 Rowland Way, Suite 300

Novato, CA 94945

Phone: (415) 893-1518 T/F Phone: (800) 872-7522 Fax: (415) 893-7497

September 10, 2008

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 12 AM 11:31

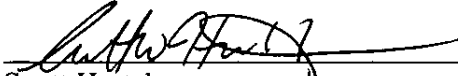
RE: Application by Foreign LLC for Authorization to Transact Business
Entity: Teijin Pharma USA LLC

To Whom It May Concern:

Enclosed for your file and review, please find our Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Teijin Pharma USA LLC. Please also find our list of Members as well as check #446714 in the amount of \$125.00.

If you should have any questions or concerns regarding the above or the enclosed, please do not hesitate to contact our office at your earliest convenience.

Sincerely yours,



Scott Hertzberg
Licensing Coordinator

SWH
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Teijin Pharma USA 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:

Scott Hertzberg

(Name of Person)

Braden Partners, L.P.

(Firm/Company)

88 Rowland Way, Suite 300

(Address)

Novato, CA 94945

(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 12 AM 11:31

For further information concerning this matter, please call:

Scott Hertzberg

(Name of Person)

at (415) 893-1515 x 247

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
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
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Teijin Pharma USA 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware

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

3. 37-1566694

(FEI number, if applicable)

4. 5/19/2008

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. Have not yet transacted business in Florida

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 88 Rowland Way, Suite 300

Novato, CA 94945

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

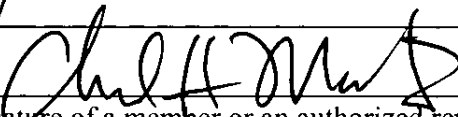
9. The name and usual business addresses of the managing members or managers are as follows:

See attached list

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Holding Company


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Chad H. Martin

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 12 AM 11:31

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Teijin Pharma USA LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Business Filings Incorporated

(Name)

1203 Governors Square Blvd, Suite 101

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL

32301-2960

City/State/Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 12 AM 11:31

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Mary Jo Spalinger, Asst. Sec. for Business Filings Incorporated
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Members of Teijin Pharma USA LLC

<u>Peter Bradshaw Kelly</u>	<u>President and Chief Executive Officer</u>
Address:	88 Rowland Way, Suite 300 Novato, CA 94945
Work Phone:	(415) 893-1518 x 206
<u>Chad Heath Martin</u>	<u>Vice President and Chief Financial Officer</u>
Address:	88 Rowland Way, Suite 300 Novato, CA 94945
Work Phone:	(415) 893-1518 x 219
<u>Chris M. Kane</u>	<u>Chief Operating Officer</u>
Address:	88 Rowland Way, Suite 300 Novato, CA 94945
Work Phone:	(415) 893-1518 x 214
<u>Jun Kovama</u>	<u>Chief Alliance Officer</u>
Address:	88 Rowland Way, Suite 300 Novato, CA 94945
Work Phone:	(415) 893-1518 x 205
<u>Kazuo Imose</u>	<u>Secretary, Treasurer, Chief Governance Officer</u>
Address:	88 Rowland Way, Suite 300 Novato, CA 94945
Work Phone:	(415) 893-1518 x 210

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 12 AM 11:31

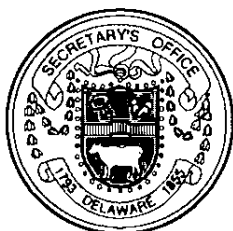
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEIJIN PHARMA USA 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-SEVENTH DAY OF AUGUST, A.D. 2008.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 12 AM 11:31



4549475 8300

080874886

You may verify this certificate online
at corp.delaware.gov/authver.shtml

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6817398

DATE: 08-27-08