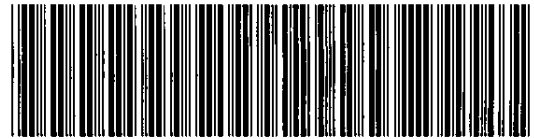


F10000005338



000187214800

10/29/10--01031--013 **87.50

(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

608-611-314-
W10000051810

g 12/7/10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 DEC -3 PM 2:10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Stemsynergy Therapeutics Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tony Capobianco
Name of Person

Stemsynergy Therapeutics Inc.
Firm/Company

4300 E. Tradewinds Avenue
Address

Lauderdale by the Sea, FL 33308
City/State and Zip code

capobianco@stemsynergy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

tony capobianco at (305) 753-0217
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 DEC - 3 PM 2:10

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 DEC -3 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 4, 2010

TONY CAPOBIANCO
4300 E. TRADEWINDS AVENUE
LAUDERDALE BY THE SEA, FL 33308

SUBJECT: STEMSYNERGY THREAPEUTICS INC.
Ref. Number: W10000051816

We have received your document for STEMSYNERGY THREAPEUTICS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 710A00026042

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 DEC -3 PM 2:10

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Stemsynergy Therapeutics Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 18, 2007 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4300 E. Tradewinds Avenue, Lauderdale by the Sea, FL 33308
(Principal office address)

4300 E. Tradewinds Avenue, Lauderdale by the Sea, FL 33308
(Current mailing address)

8. biotech initiatives in dtate of florida
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Anthony J Capobianco

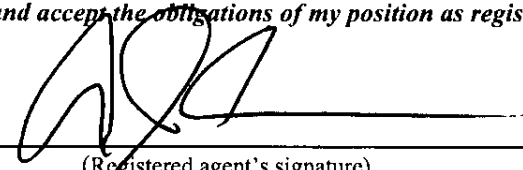
Office Address: 862 W 47th Street

Miami Beach, Florida 33146
(City) (Zip code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 DEC -3 PM 2:10

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation 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)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2010 DEC 3 PM 2:10

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: David Robbins

Address: 5875 SW 97th street, Miami, 33156

Director: Anthony Capobianco

Address: 862 W 47th Steet, Miami Beach, 33140

B. OFFICERS

President: Tony Capobianco

Address: 862 W 47th Street
Miami Beach, FL 33140

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. _____

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

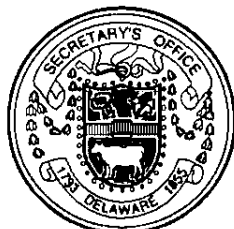
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STEMSYNERGY THERAPEUTICS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF OCTOBER, A.D. 2010.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 DEC -3 PM 2:10

4286634 8300

100981082



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8288784

DATE: 10-14-10