

## Florida Department of State

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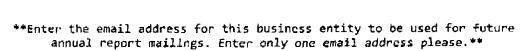
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### FOREIGN PROFIT/NONPROFIT CORPORATION Allgia Therapeutics, Inc.

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April 27, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

AGENTS AND CORPORATIONS, INC

SUBJECT: ALLGIA THERAPEUTICS, INC.

REF: W15000029288

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

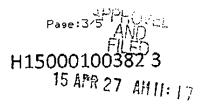
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Valerie Herring Regulatory Specialist II New Filing Section

FAX Aud. #: H15000100382 Letter Number: 215A00008473



## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSAUTHASSEE RORIDA

IN COMPLIANCE WITH SECTION 607, ISO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

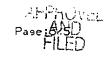
"Inc.," "Co.," "Co	erapeutics, Inc. poration; must include "INCORPORA rp," "Inc," "Co," or "Corp.")	TED.	"COMPANY," "CORPORATION,"
,,	., , , , , , , , , , , , , , , , , , ,		
(If name unavails)	ale in Elected enter alternate cornerate	name	adopted for the purpose of transacting business in Florida)
Delawar	3		
(State or country 7/02/201	under the law of which it is incorporat	-d) 3.	(FEI number, if applicable) Perpetual
(Dntc	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)
9045 LA	· · · · · · · · · · · · · · · · · · ·		. 238 BOCA RATON, FL 33434
	(Principal off		
9045 LA	FONTANA BLVD. S	STE	E. 238 BOCA RATON, FL 33434
	(Current mail)	ing add	dress)
3. Name and stree	t address of Florida registered agen		
Name:	Agents and Corporation	is, ir	<u>10.</u>
Office Address:	300 Fifth Avenue South, Suite 10	11-330	
3111 <b>06 71807 033</b> .	Naples		51-1-1-34102
	(City)		, Florida 34102 (Zip code)
	application, I hereby accept the a	ppoin	vice of process for the above stated corporation at the place tracent as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my of my position as registered agent.



## 15 APR 27H 15000100382 3

11. Names and	d business addresses of officers and/or dire	ectors: SECHETARY CHISTAFE TALLAHARSEE FIGEIDA
A. DIRECTO		restriction to the first of the state.
Chairman: St	eve Kanzer	
Address: 904	45 La Fontana Blvd. Ste	e. 238
Boo	ca Raton, FL 33434	
Vice Chairman:		
	`	
Director.		
Director.		
B. OFFICER President: Stu	eve Kanzer	
Address: 904	45 La Fontana Blvd. Ste	e. 238
Bo	ca Raton, FL 33434	
Vice President:		
Secretary:		
NOTE: If nec	essary you may affect an addendum to th	e application listing additional officers and/or directors.
12.		
The effect of		Director or Officer
are true and tha		slisted in number 12 above) affirms that the facts stated herein submitted in a document to the Department of State constitutes
Steve K	• •	Member

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



15 APR 27 AM 11: 17

SECRETARY OF STATE PAGE TALLAHASSEE FLORIDA

# Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLGIA 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 SIXTEENTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLGIA THERAPEUTICS, INC." WAS INCORPORATED ON THE SECOND DAY OF JULY, A.D. 2014.

5562598 8300

150521841

UTHENTX CATION: 2297448

DATE: 04-16-15

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