

12/14/2016

Division of Corporations

# F16000305532

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Division of Corporations  
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Account Name : C T CORPORATION SYSTEM  
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Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
FLUENT PHARMACEUTICALS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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**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. Fluent Pharmaceuticals, 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**

(State or country under the law of which it is incorporated)

**3.**

(FEI number, if applicable)

**4. 11-09-16**

(Date of incorporation)

**5.****Perpetual**

(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. 9045 La Fontana Blvd., Ste. 238 Boca Raton, FL 33434**

(Principal office address)

(Current mailing address)

**8. To transact any legal business in the State 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: **Steve Kanzer**

Office Address: **9045 La Fontana Blvd., Ste. 238**

**Boca Raton**

(City)

**33434**

(Zip code)

**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.

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

**A. DIRECTORS**Chairman: Steve KanzerAddress: 9045 La Fontana Blvd., Ste. 238 Boca Raton, FL 33434Vice Chairman: N/A

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**President: Steve KanzerAddress: 9045 La Fontana Blvd., Ste. 238 Boca Raton, FL 33434Vice President: N/A

Address: \_\_\_\_\_

Secretary: Steve KanzerAddress: 9045 La Fontana Blvd., Ste. 238 Boca Raton, FL 33434Treasurer: Steve KanzerAddress: 9045 La Fontana Blvd., Ste. 238 Boca Raton, FL 33434**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. Steve Kanzer

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

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DIVISION OF CLERICAL SERVICES

# Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLUENT PHARMACEUTICALS, 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 THIRTEENTH DAY OF DECEMBER, A.D. 2016.

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

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



6208469 8300

SR# 20167062790

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 203506989

Date: 12-13-16