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Division of Corporations

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## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H17000306737 3)))



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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES COA

Account Number : I20160000009

Phone : (770)777-2091

Fax Number : (770)220-1943

\*\*Enter the email address for this business entity to be used for but annual report mailings. Enter only one email address please.

Email Address:

### FOREIGN PROFIT/NONPROFIT CORPORATION SpacePharma, Inc.

Certificate of Status	0
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Page Count	04
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#### **COVER LETTER**

TO: Registration So Division of Co				
SpacePh	arma, Inc.			
SUBJECT:	Name of corpora	tion - must includ	c suffix	
Dear Sir or Madam:				
"Certificate of Existen	ation by Foreign Corporation ce," or "Certificate of Good gn corporation to transact bu	Standing" and ch	i to Transac ack are subi	et Business in Florida," mitted to register the
Please return all corres Loma J. Viris	spondence concerning this m	atter to the follow	ring:	
	Name	of Person		
Smith, Gambrell & Russ	ell, LLP			
	Firm/(	Company	<del>_</del>	
1230 Peachtree Street NI	E, Suite 3100			
	A	ddress		
Atlanta, GA 30309				
	City/Sta	te and Zip code		
JMinnen@sgrlaw.com				
	E-mail address: (to be us		ual report n	otification)
For further information	n concerning this matter, plea	ase cail:		
Loma J. Virts	404 at (	<b>815-3500</b>		
Name of Perso	on Area	Code Day	time Teleph	none Number
Registration Se Division of Co Clifton Buildir	orporations ng e Center Circle	Rej Div P.C	AILING AI gistration So vision of Co D. Box 6327 lahassee, Fl	ection prporations
Enclosed is a check for	r the following amount:			
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filin Certified Co		☐ \$87.50 Filing Fee, Certificate of Status of Certified Copy

# 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.

(If name unavail	able in Florida, enter alternate corporate m		opted for the purpose of transacting business in Florida)
Delaware		3.	1-2712026
(State or counti	y under the law of which it is incorporated	)	(FEI number, if applicable)
May 18, 2016			
(Date	of incorporation)		(Date of duration, it other than perpetual)
Upon registration	n (Date first transacted busine		
237 Wechington			2, F.S., to determine penalty liability)
-	Avenue, Palo Alto, CA 94303 (Pr	incipal	office address)
	(Pr	incipal	office address)
Name and stre	(Pr	incipal	address, if different)  Box NOT acceptable)
	(Current notes address of Florida registered agent:  Adam Buss c/o Smith, Gambrell &	incipal	address, if different)  Box NOT acceptable)  1, LLP
Name and stre	(Pr (Current n et address of Florida registered agent:	incipal	address, if different)  Box NOT acceptable)  1, LLP
Name and stre	(Current notes address of Florida registered agent:  Adam Buss c/o Smith, Gambrell &	incipal	address, if different)  Box NOT acceptable)  H, LLP

#### 9. 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)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Martin Acbi Chairman: 237 Washington Avenue Address: Palo Alto, CA 94301 Yossi Yamin Vice Chairman: \_ 237 Washington Avenue Address: Palo Alto, CA 94301 Director: \_ Address: , Address: B. OFFICERS Martin Acbi President: 237 Washington Avenue Address: Palo Aho, CA 94301 Yossi Yamin (CEO) Vice President: \_\_\_\_ 237 Washington Avenue Address: Pelo Alto, CA 94301 Ori Braun (VP/Secretary) Secretary: 237 Washington Avenue, Palo Allo, CA 94301 Address: \_ Asher Maimon Treasurer: 237 Washington Avenue, Palo Alto, CA 94301 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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.

V.P. Burner Den

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

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SPACEPHARMA, 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 TWENTIETH DAY OF NOVEMBER, A.D.

2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPACEPHARMA, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF MAY, A.D. 2016.

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

\*\*\*\*

Authentication: 203605069

Date: 11-20-17

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