F18000003780

(Requestor's Name)							
(Address)							
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(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



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ACTION OF STATE OF THE STATE OF

T. CLINE
AUG 17 7018
EXAMINER

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 349959 8211340

AUTHORIZATION : Trubble near Cost Limit : \$70.00 65

ORDER DATE : August 15, 2018

ORDER TIME : 5:47 PM

ORDER NO. : 349959-001

CUSTOMER NO: 8211340

FOREIGN FILINGS

NAME: BIO BRIDGE SOLUTIONS INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

XXXX QUALIFICATION (TYPE: CO)

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

	Filing Section of Co	ction rporations				
SUBJECT:	Bio Brid	ge Solutions Inc.				
SOBSECT.		Name of	corporation	- must include suffix		
Dear Sir or M	ladam:					
"Certificate o	f Existenc		of Good Star	Authorization to Trans ading" and check are su ass in Florida.		
Please return	all corres	pondence concernin	g this matter	r to the following:		Fee, f Status &
Bernardo Gol	idsztajn					
			Name of	Person		
			Firm/Con	npany		II
3598 YACHT	CLUB DI	R APT 1702				. ∏
			Addr	ess		-, c
AVENTURA,	FL, US, 3	3180				·
			City/State a	nd Zip code		· · · · · · · · · · · · · · · · · · ·
bernardo@go	obiobridge					
· · ·		E-mail address:	(to be used t	for future annual report	notification)	
For further in	formation	concerning this ma	tter, please o	call:		
Bernardo Gol	dsztajn	2	954 t (9989954		
Name	e of Perso	n	Area (Code & Daytime Teleph	none Number	
New I Divisi Clifto 2661	Filing Section of Cor n Buildin	porations g Center Circle		MAILING A New Filing S Division of C P.O. Box 632 Tallahassee, I	ection forporations 7	
		the following amou	nt:			
☐ \$ 70.00 Fili	ing Fee	S78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing F Certificate of S Certified Copy	Status &

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.

Bio Bridge Sol	lutions Inc.		
(Enter name of c	corporation; must include "INCORPORATED, corp.," "Inc.," "Co.," or "Corp.")	" "COMPANY," "CORPORATIO)N,"
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)
Delaware	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	ipplicable)
07-18-2018		5 Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liabi	ility)
001 N FEDER	AL HWY SUITE 240,HALLANDALE BEAC		
	(Principal office add	rcss)	
1001 N FEDER	AL HWY SUITE 240, HALLANDALE BEA	CH, FL, US, 33009	<i>₽</i> -3
	(Current mailing add	ress)	្រុ
			AU:
Name and stree	et address of Florida registered agent: (P.0	D. Box NOT acceptable)	
Name:	Corporation Service Company		<u>.</u> 5
fice Address:	1201 Hays Street		- 12m - 12m - 12m - 12m
ince Address.	Tallahassee	—— 32301 . Florida	<u></u>
	(City)	(Zip code)	
	· -·		
	ent's acceptance: ed as registered agent and to accept servi	ica of process for the above stat	ed composation at the place
ignated in this ther agree to c	application, I hereby accept the appoints omply with the provisions of all statutes t	nent as registered agent and ag relative to the proper and comp	ree to act in this capacity. lete performance of my
- ·	amiliar with and accept the obligations of Corporation Service Company	j my postiton as registerea agei	Roxanne Turner
	By: Wanne	June	Asst. Vice President
<u></u>	(Registered agent's si		

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 Chairman: _ Vice Chairman: Address: Director: Address: _ Director. Address: **B. OFFICERS** Daniel Benhayon President: 1001 Washington Street, Hollywood, FL, 33019 Address: Vice President: ____ Address: ľΩ Jonathan Gheller Secretary: 2061 Manzanita Avenue Menlo Park, CA 94025 Bernardo Goldsztajn Treasurer: 3598 Yacht Club Dr, Apt 1702, Aventura, FL, 33180 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 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.

Bernardo Goldsztajn

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BIO BRIDGE SOLUTIONS 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 FIFTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIO BRIDGE SOLUTIONS INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JULY, A.D. 2018.

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

Authentication: 203254926

Date: 08-15-18

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