

F23000004176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

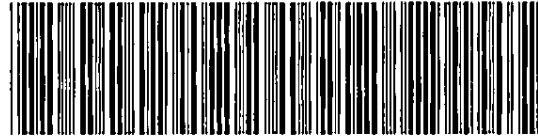
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APPROVED
AND
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2023 JUL 18 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FL 32301



2023 JUL 18 PM 4:43

JUL 19 2023

Stambly

NS

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 7/18/2023

****WALK IN****

ENTITY NAME TEUCER BIOTECH, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 78.75

ACCOUNT # I20140000108
United Corporate
Services, Inc.

Keith Sheppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

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. Teucer Biotech, 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. 11/05/2020 5. _____
(Date of incorporation) (Date of duration, if other than 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. 1951 NW 7th Ave., Unit 3-138, Miami, FL 33136
(Principal office street address)

(Current mailing address, if different)

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

Name: United Corporate Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(City) (Zip code)

2023 JUL 18 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FL 32304
APPROVED
AND
FILED

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.

Michael A. Barr President
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Kamal Badr

Vice Chairman Address: 951 NW 7th Ave., Unit 3-138

Director Miami, FL 33136

President _____

Vice President _____

Secretary Treasurer

Other Chief Executive Officer Other _____

Chairman Name: Assaad Eid

Vice Chairman Address: 951 NW 7th Ave., Unit 3-138

Director Miami, FL 33136

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Robert Habib

Vice Chairman Address: 951 NW 7th Ave., Unit 3-138

Director Miami, FL 33136

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Yousif Asfour

Vice Chairman Address: 951 NW 7th Ave., Unit 3-138

Director Miami, FL 33136

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Joao Lima

Vice Chairman Address: 951 NW 7th Ave., Unit 3-138

Director Miami, FL 33136

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. *Kamal Badr*
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.

13. Kamal Badr
(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 "TEUCER BIOTECH, 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 EIGHTEENTH DAY OF JULY, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TEUCER BIOTECH, INC." WAS INCORPORATED ON THE FIFTH DAY OF NOVEMBER, A.D. 2020.

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




Jeffrey W. Bullock, Secretary of State

4059803 8300

SR# 20233024502

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

Authentication: 203771603

Date: 07-18-23