F23000005867

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(City/State/Zip/Phone #)
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COVER LETTER

TO:	Registration Section Division of Corpor			
SHRI	JECT:	Plasn	matrix Biotech Inc.	
30130		Name of corporatio	on - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existence."		or Authorization to Transact Business in Florida, anding" and check are submitted to register the ness in Florida.	•
Please	e return all correspond	lence concerning this matte	er to the following:	
		Zulma (Guillot	
	<u></u>	Name of	f Person	
		Plasmatrix B	Biotech LLC	
		Firm/Cor	mpany	
		1395 Brickell A	Ave. Ste. 800	
		Add	lress	
		Miami, Ft	L 33131	
		City/State	and Zip code	
		filings@salmo	-	
		E-mail address: (to be used	I for future annual report notification)	
For fu	irther information con	cerning this matter, please	: call:	
	(*== 4) 100	045	446 0067	
	Hoyt Hill Name of Person	at (<u>615</u> Area Co		
	Name of Terson	Area Co	ince Programme Petermone Prantoer	
	STREET/COURI Registration Section Division of Corpor The Centre of Talka 2415 N. Monroe St Tallahassee, FL 32	n ations ihassee reet, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please		: FLORIDA DEPARTMEN	ST OF STATE ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fe Certified Copy Certificate of State Certified Copy	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/11/2023	
Name:	CHRIS	
	#:2146183	
Entity Nam	e:PLASMA	TRIX BIOTECH INC.
	cles of Incorporation/Authorizat	
Ame	endment	
☐ Cha	nge of Agent	
☐ Rein	nstatement	
☐ Con	version	
☐ Mer	ger	
☐ Diss	olution/Withdrawal	
☐ Ficti	tious Name	
Othe	er	
Authorized Signature:	Amount: \$70.00	

F: 800.944.6607

- 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.

(11 hanc mavariable in		name ado	pted for the purpose of transactin	a business in Florida)	•
	Dolowara			-	
(State or country unde	r the law of which it is incorpora	5 ted)	(FEI number, if ap	plicable)	-
		5			
(Date of inc	orporation)	— ·· —	(Date of duration, if other t	han perpetual)	
					_
			orida, if prior to registration) , F.S., to determine penalty liabili	(v)	
	725 89th St		•	·	
	(Princi	pal office s	street address)		-
				- 29	
	(Curren	t mailing a	ddress, if different)	DE OCT 12	
				OCT All	1
Name and street addi	ress of Florida registered agen		Box NOT acceptable)	12	-
Name:	Salmon Legal Group P.	L.	_	AH EE, F	TI-
ffice Address:	1395 Brickell Ave. Ste. 8	00		4 9: 25 FLORIG	
	Miami, FL		Florida	123 OCT 12 AM 9: 25	
	(City)		(Zip code)	<i>y</i>	
Registered agent's a	acceptance:				
aving been named as	registered agent and to accep		of process for the above stated		
wian <i>ated in this a</i> nnli			nt as registered agent and agre tive to the proper and complet		
	with the provisions of all sta				

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.

DocuSign Envelope ID: 48772BB9-45F7-471A-BE51-362DB32471D2

A. DIRECTORS

□Chairman	Zulma Guillot	□Chairman	Name:
□Vice Chairman	725 89th St.		Address:
Director	Surfside, FL 33154	☐ Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurei	Secretary	☐Treasurer
□Other	Other	□Other	
			فم
□Chairman	Name:	□Chairman	Name: The Ray of The Address: Address: The Ray of The R
□Vice Chairman	Address:	□Vice Chairman	Address: Programme Address: Prog
□Director		□Director	555
□President		□President	ES 3 0
□Vice President		□Vice President	0RID
□Secretary	□Treasurer	□Secretary	⊤ □Treasurer
□Other	Other	□Other	□Other
	Use an attachment to report more than six (6). The at added to the index when filing your Florida Departs		
12	Signature of Director	r or Officer	*****
	ctor signing this document (and who is listed in numbers) also information submitted in a document to the Depo		

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF CONVERSION OF A FLORIDA LIMITED

LIABILITY COMPANY UNDER THE NAME OF 'PLASMATRIX BIOTECH, LLC' TO A

DELAWARE CORPORATION, CHANGING ITS NAME FROM "PLASMATRIX BIOTECH,

LLC" TO "PLASMATRIX BIOTECH INC.", FILED IN THIS OFFICE ON THE

FIFTH DAY OF OCTOBER, A.D. 2023, AT 2:54 O'CLOCK P.M.



Authentication: 204321040

Date: 10-06-23

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:54 PM 10-05/2023
FILED 02:54 PM 10-05/2023
SR 20233669341 - File Number 2450030

STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A LIMITED LIABILITY COMPANY TO A CORPORATION PURSUANT TO SECTION 265 OF THE DELAWARE GENERAL CORPORATION LAW

1.) The jurisdiction where the Limited Liability Company first formed is Florida					
2.)	The jurisdiction immediately prior to filing this Certificate is_	Florida			
3.)	The date the Limited Liability Company first formed is	11/22/2021			
4 .)	The name of the Limited Liability Company immediately prio Certificate is Plasmatrix Biotech, LLC	r to filing this			
5.) The name of the Corporation as set forth in the Certificate of Incorporation in Plasmatrix Biotech Inc.					
of	WITNESS WHEREOF, the undersigned being duly authorize the converting Limited Liability Company have executed this the day of october, A.D. 2023	_			
	By:Bocusigned by.	·			
	Name: Zulma Gu Print or Typ				
	Title: Directo Print or Typ				