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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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#### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

ALGENOL BIOTECH LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all

Please return all correspondence concerning this matter to the following:	
LILLIE MOROLES	
Name of Person	_
ALGENOL BIOTECH LLC	
Firm/Company	_
16121 LEE ROAD, SUITE 110	
Address	_
FORT MYERS, FL 33912	
City/State and Zip Code	_
IP.Legal@algenol.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Lillie Moroles 239 498-2000	

Name of Contact Person

Daytime Telephone Number

**MAILING ADDRESS:** 

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

**STREET ADDRESS:** 

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee ■ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2015

LILLIE MOROLES 16121 LEE ROAD, SUITE 110 FORT MYERS, FL 33912

SUBJECT: ALGENOL BIOTECH LLC

Ref. Number: W15000023443

2015 APR 15 PH 4: 24
SECRETARY OF STATE
TALL AHASSEE, FLORID

We have received your document for ALGENOL BIOTECH LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$638.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 215A00006733

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the purpose Liability Company," "L.L.C," or "LLC.")	of transacting business in Florida. The al-	ternate name must include "Limit
DELAWARE	<sub>3.</sub> 03-0591679	
(Jurisdiction under the law of which foreign limited liability company is organized)		if applicable)
<sub>4.</sub> DECEMBER 22, 2014		
(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior to registration.) 0905, F.S. to determine penalty liability)	7 3
5. 16121 LEE ROAD, SUITE 110	)	2015 AP
FORT MYERS, FL 33912		PR 15
· · · · · · · · · · · · · · · · · · ·	dress of Principal Office)	EC TO
<sub>5.</sub> <u>16121 LEE ROAD, SUITE 110</u>		55
		型当 2
FORT MYERS, FL 33912	Mailing Address)	
7. The name, title or capacity and address of the	÷	ty to manage is/are:
7. The name, title or capacity and address of the part	÷	ty to manage is/are:
•	÷	ty to manage is/are:

Typed or printed name of signee

am aware that any 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.)

Kathleen McFadden, CFO

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Α	LGEI	NOL	BIC	)TE	CH	LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

QUANG HA		Ž∽	2015	
(Name)		CORE AH	5 APR	ese male en p
16121 LEE ROAD, SUITE 110		TARY ASSE	~ 5	gravan
Florida Street Address (P.O. Box NOT ACCEPTABLE)			P. K	*****
FORT MYERS	33912 FL	TATE ORIO	կ։ 24	
	City/State/Zip	,		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "ALGENOL BIOTECH LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE FIFTH DAY OF JANUARY, A.D. 2015.

4158903 8300

150008642

AUTHENTY CATION: 2009325

DATE: 01-05-15

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