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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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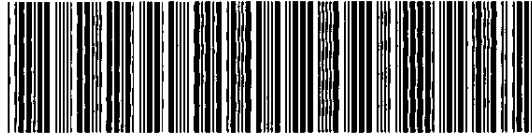
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W09-20905



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05/01/09--01048--025 **78.75

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DIVISION OF CORPORATIONS
2009 MAY 12 PM 4:50

5/13/09

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DIVISION OF CORPORATIONS

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NEUROXCEL, INCORPORATED

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Thomas J. Mullin

Name of Person

Neuroxcel, Incorporated

Firm/Company

401 Northlake Blvd. Suite 3

Address

North Palm Beach, Florida 33408

City/State and Zip code

tm@neuroxcel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas J. Mullin

Name of Person

at (866) 391-6247

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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DIVISION OF CORPORATIONS

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May 4, 2009

THOMAS J MULLIN
401 NORTHLAKE BOULEVARD
SUITE 3
NORTH PALM BEACH, FL 33408

SUBJECT: NEUROXCEL, INCORPORATED
Ref. Number: W09000020905

We have received your document for NEUROXCEL, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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

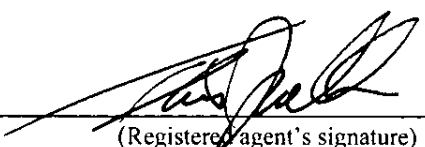
If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 009A00014992

**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. Neuroxcel, Incorporated
(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. Wyoming 3. 56-2502759
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/27/09 5. "perpetual"
(Date of incorporation) (Duration: Year corp. will cease to exist or "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. 109 East 17th Street #25 Cheyenne, WY 82001
(Principal office address)
- 401 Northlake Blvd. Suite 3 North Palm Beach, FL 33408
(Current mailing address)
8. General Purpose
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Thomas J. Mullin
- Office Address: 401 Northlake Blvd. Suite 3
North Palm Beach, Florida, Florida 33408
(City) (Zip code)
10. 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)

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DIVISION OF CORPORATION

11. 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.

12. Names and business addresses of officers and/or directors:

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DIVISION OF CORPORATIONS

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A. DIRECTORS

Chairman: Thomas J. Mullin

Address: 109 East 17th Street #25 Cheyenne, WY 82001

Vice Chairman: Thomas J. Mullin

Address: 109 East 17th Street #25 Cheyenne, WY 82001

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Thomas J. Mullin

Address: 109 East 17th Street #25 Cheyenne, WY 82001

Vice President: Thomas J. Mullin

Address: 109 East 17th Street #25 Cheyenne, WY 82001

Secretary: Thomas J. Mullin

Address: 109 East 17th Street #25 Cheyenne, WY 82001

Treasurer: Thomas J. Mullin

Address: 109 East 17th Street #25 Cheyenne, WY 82001

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Thomas J. Mullin, President

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

State of Wyoming

Office of the Secretary of State



United States of America, }
State of Wyoming } ss.

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DIVISION OF CORPORATIONS
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I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Neuroxcel, Inc.
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **February 27, 2007**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2007-000533094**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of April, 2009 at 3:26 PM.



Max Maxfield
Secretary of State

By *Rosalie Gonzales*