Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

**Electronic Filing Cover Sheet** 

(((H11000176145 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: EDWARDS, ANGELL, PALMER & DODGE, LLP Account Name

Account Number : 075410001517 : (561)833-7700 Phone

Fax Number : (561)655-8719

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	peghawkins@mac.com	•

#### FOREIGN PROFIT/NONPROFIT CORPORATION Modulation Therapeutics, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

T. Burch JUL 8 2011

(((H11000176145 3)))

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.  1. MODULATION THERAPEUTICS, INC.				
	orporation; must include "TNCORPORA'T orp," "Inc," "Co," or "Corp.")	ED,	"COMPANY," "CORPORATION,"	M JUL -7
			rin i Majo	id.
() 6				
	•	ime i	adopted for the purpose of transacting business in Florida	4: 36
2. DELAWAF	≺E under the law of which it is incorporated)	3.	45-2440768 (FEI number, if applicable)	ຼ ຫໍ
•	•			
4. JUNE 28	, 2017 of incorporation)	5.	PERPETUAL  (Duration: Year corp. will cease to exist or "perpetual")	-
•	,		(Duration: Year corp. with cease to exist or perpetual)	
6. <u>UPON FI</u>		ss lr	Florida, if prior to registration)	-
			i02, F.S., to determine penalty liability)	
<sub>7.</sub> 818 Bayvi	ew Drive, Ruskin FL 33	<u>57</u>	<u>'0                                      </u>	_
	(Principal office		•	_
1030 Stra	atford Drive, Encinitas	C	A 92024	
	(Current mailing	addi	rcss)	
Engage in	all lawful activities or busi	ino	ess permitted in the State of Florida	
	of corporation authorized in home state of			<u>.</u>
	t address of Florida registered agent: (		•	
Name:	Lori Hazlehurst			•
Office Address:	818 Bayview Drive			
	Ruskin		, Florida 33570	
	(City)		(Zip code)	
10 Parrietared or	ent's acceptance:			
		ervi	ce of process for the above stated corporation at the	place
designated in this	application, I hereby accept the appointment with the provisions of all status	intn ee "	ent as registered agent and agree to act in this cap elative to the proper and complete performance of n	acity. I
and I am familiar	with and accept the obligations of my	es re Po.	eiditve to the proper and complete perjormance of h sition as registered agent.	ry unites,
*				
	1 . 11	<i>*</i>		
_	I aglet	<u>/</u>		
	(स्ट्झांडांटाठव बहुमा व ब्रांझाबा	ure)	Lori mazienurst	
			not more than 90 days prior to delivery of this applic	untion 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:  A. DIRECTORS		
Address: 818 Bayview Drive, Ruskin FL 33570		
	ال طائع المستبدة المستبدية المستبدية المستبدية	
Vice Chairman: Peggy A. Hawkins	Tal.	
Address: 1030 Stratford Drive, Encinitas CA 92024		
Director: Mark McLaughlin		
Address: <u>c/o H.Lee Moffitt Cancer Center &amp; Research Institu</u>	<u>ute</u>	
12902 Magnolia Drive, MRC 4 East, Tampa FL 33612-949	97	
Director: Anne Cress		
Address: 4121 N. San Simeon Rd., Tucson AZ 85718		
******Directors - continued on Schedule A attached.		
B. OFFICERS		
President: Lori Hazlehurst		
Address: 818 Bayview Drive, Ruskin FL 33570		
Vice President: Mark McLaughlin		
Address: c/o H.Lee Moffitt Cancer Center & Research Institute		
12902 Magnolia Drive, MRC 4 East, Tampa FL 33612-9497		
Scorelary: Lori Hazlehurst	· · · · ·	
Address: 818 Bayview Drive, Ruskin FL 33570		
Treasurer: Mark McLaughlin		
Address:c/o H.Lee Moffitt Cancer Center & Research Institute, 12902 Magnolia Drive, MRC 4 East, Tax	mpa FL 33612-9497	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or of the second	directors.	
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms that the factor are true and that he or she is aware that false information submitted in a document to the Department of third degree felony as provided for in s.817.155, F.S.	cts stated herein State constitutes a	
14. Lori Haziehurst, President (Typed or printed name and capacity of person signing application)		

**2**1004/005

(((H11000176145 3)))

## SCHEDULE A CONTINUATION

MODULATION THERAPEUTICS, INC.

12.A. DIRECTORS

Director: William Dalton

Address: 505 S. Riverhills Drive, Temple Terrace FL 33617

WILLIAM STATE OF THE STATE OF T

# Delaware

DACE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MODULATION THERAPEUTICS, 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 TWENTY-NINTH DAY OF
JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MODULATION THERAPEUTICS, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



5003546 8300

110773858

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

Jeffrey W. Bullock, Secretary of State
AUTHENTYCATION: 8870306

DATE: 06-29-11