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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: SMaRT Therapeutics, Inc.
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," or "Certificate of Good Standing" 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:
Alex Soufflas
Name of Person
SMaRT Therapeutics, Inc.
Firm/Company
6 Lapwing Drive
Address
The Woodlands, TX 77381
City/State and Zip code
asouf@netscape.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alex Soufflas 271-3641
Alex Soufflas Name of Person at (617) 271-3641 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton 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 \$\ \text{Certificate of Status} \] \$78.75 Filing Fee & \text{Certified Copy} \] \$78.75 Filing Fee & \text{Certificate of Status & Certified Copy} \]

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.

)," "COMPANY," "CORPORATION,"			
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")				
(If name unavailable in Florida, enter alternate corporate name	e adopted for the purpose of transacting busin	ess in Flori	da)	
	N/A		~	
(State or country under the law of which it is incorporated)	(FEI number, if applicable)			
4. July 27, 2011 5. (Date of incorporation)	Perpetual (Duration: Year corp. will cease to exist or	41	1111	
(Date of incorporation)	(Duration: 1 car corp. will cease to exist o	r "perpetua	i")	
(Date first transacted business	in Florida, if prior to registration)		_	
	502, F.S., to determine penalty liability)			
7.6 Lapwing Court, The Woodlands, TX 77				
(Principal office add	,			
6 Lapwing Court, The Woodlands, TX (Current mailing add				
(Cuttent maning aut	ut CSS)			
8. All lawful acts and activities				
(Purpose(s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)		_	
9. Name and street address of Florida registered agent: (P.O.	O. Box NOT acceptable)	Pro		
Name: Shelly Fabian				EAI* *
Office Address: 2670 Creekview Circle		25 E 65 E.	Ces	Frankskir Fr
Oviedo	20705	% −1 3°C	PH	i deserci
UVIEGO	Florida 34/00			g É Harrin
	, Florida 32765	트드	5.0	4
(City)	(Zip code)		S: 3:	
(City) 10. Registered agent's acceptance:	(Zip code)		<u> </u>	24
(City) 10. Registered agent's acceptance: Having been named as registered agent and to accept servi designated in this application, I hereby accept the appointn	(Zip code) ice of process for the above stated corpor ment as registered agent and agree to ac	ration at the tin this ca	္ညာ e plac pacity	. I
(City) 10. Registered agent's acceptance: Having been named as registered agent and to accept servi designated in this application, I hereby accept the appoint further agree to comply with the provisions of all statutes r	(Zip code) ice of process for the above stated corpore ment as registered agent and agree to accepted to the proper and complete perfo	ration at the tin this ca	္ညာ e plac pacity	. I
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under the law of which it is incorporated.

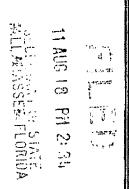
12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Joseph Scime -Address: 25 Oakbrook Drive, Unit C Williamsville, NY 14221 Vice Chairman: Director: Alex Soufflas Address: 6 Lapwing Court The Woodlands, TX 77381 Director: **B. OFFICERS** President: Joseph Scime Address: 25 Oakbrook Drive, Unit C Williamsville, NY 14221 Vice President: Secretary: Alex Soufflas Address: 6 Lapwing Court, The Woodlands, TX 77381 Treasurer: Alex Soufflas Address: 6 Lapwing Court, The Woodlands, TX 77381 NOTE: If necessary, you may attach an addendam to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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.

14. Alex Soufflas, Treasurer, Secretary and Director

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

SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SMART THERAPEUTICS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 27, 2011, and is in good standing in this state.

SHE TONGON

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 16, 2011.

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20110816-2097
You may verify this electronic certificate
online at http://www.nvsos.gov/