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Florida Department of State
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FOREIGN PROFIT/NONPROFIT CORPORATION

Ataraxis, Inc.

Certificate of Status	0
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Page Count	04
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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. Ataraxis, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Ataraxis PEO, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Idaho

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 4/30/2009

(Date of incorporation)

5. Perpetual

(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. 600 N Curtis Rd Suite 101, Boise, Idaho 83706

(Principal office address)

600 N Curtis Rd Suite 101, Boise, Idaho 83706

(Current mailing address)

8. All lawful business

(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: Business Filings Incorporated

Office Address: 1203 Governors Square Blvd, Suite 101,

Tallahassee, Florida 32301-2960
(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.



Mark Williams, AVP, Business Filings Incorporated

(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Stephen Cilley

Address: 600 N Curtis Rd Suite 101, Boise, Idaho 83706

Director: Dylan Pedersen

Address: 600 N Curtis Rd Suite 101, Boise, Idaho 83706

B. OFFICERS

President: Dylan Pedersen

Address: 600 N Curtis Rd Suite 101, Boise, Idaho 83706

Vice President: Stephen Cilley

Address: 600 N Curtis Rd Suite 101, Boise, Idaho 83706

Secretary: Larinda Spencer

Address: 600 N Curtis Rd Suite 101, Boise, Idaho 83706

Treasurer: Kay Harrison

Address: 600 N Curtis Rd Suite 101, Boise, Idaho 83706

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. Dylan Pedersen, President
(Typed or printed name and capacity of person signing application)

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State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

ATARAXIS, INC.

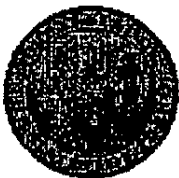
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I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named corporation was incorporated under the laws of Idaho on 4/30/2009.

I FURTHER CERTIFY That the corporation is in goodstanding on the records of this office.

Dated: 8/08/2011 9:02 AM



Ben Yursa
SECRETARY OF STATE

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