

F12000002971

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H12000184331 3))



H120001843313ABCX

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:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

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

Email Address: rickdavismd@aol.com

FOREIGN PROFIT/NONPROFIT CORPORATION
Ogenx Therapeutics Corporation

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

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUL 17 PM 3:41

Electronic Filing
Menu

Corporate Filing Menu

Help

7/18/12

(((H12000184331 3)))

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. Ogerix Therapeutics Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 46-0547171
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. July 10, 2012 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon approval of this application
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1290 Gulf Boulevard, Suite 1201, Clearwater, FL 33767
(Principal office address)
(Current mailing address)
8. Any legal 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: Richard Davis
Office Address: 1290 Gulf Boulevard, Suite 1201
Clearwater, Florida 33767
(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.

[Signature]
(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.

(((H12000184331 3)))

12 JUL 17 AM 11:57

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
(((H12000184331 3)))
12 JUL 17 AM 11:57

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

A. DIRECTORS

Chairman: Richard Davis

Address: 1290 Gulf Boulevard, Suite 1201

Clearwater, FL 33767

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Richard Davis

Address: 1290 Gulf Boulevard, Suite 1201

Clearwater, FL 33767

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Richard Davis, President

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

(((H12000184331 3)))

((H12000184331 3)))

Delaware

The First State

PAGE 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OGENX THERAPEUTICS CORPORATION" 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 SEVENTEENTH DAY OF JULY, A.D. 2012.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OGENX THERAPEUTICS CORPORATION" WAS INCORPORATED ON THE TENTH DAY OF JULY, A.D. 2012.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JUL 17 AM 11:57

5181393 8300
120841647



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 9713738

DATE: 07-17-12

((H12000184331 3)))