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**Florida Department of State
Division of Corporations
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Email Address: alon.mozes@alum.mit.edu

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FOREIGN PROFIT/NONPROFIT CORPORATION

Neocis, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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9/21/2012 8:51:18 AM PAGE 1/001 FAX SERVER



September 21, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EDWARDS WILDMAN PALMER LLP

SUBJECT: NEOCIS, INC.
REF: W12000048692

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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

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Pamela Smith
Regulatory Specialist II

FAX Aud. #: H12000230692
Letter Number: 212A00023684

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Thanks.
We need yesterday's
date, please.*

P.O. BOX 6327 - Tallahassee, Florida 32314

RECEIVED TIME SEP. 21. 9:42AM

**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. Neocis, Inc.

(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. DELAWARE

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

3. 51-0657577

(FEI number, if applicable)

4. September 19, 2012

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing... (converted from FL LLC to Delaware corporation 9/19/12)

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3737 S.W. 8th Street, Ste. 222, Coral Gables FL 33134

(Principal office address)

3737 S.W. 8th Street, Ste. 222, Coral Gables FL 33134

(Current mailing address)

8. Engage in all lawful activities or business permitted in the State of Florida.

(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: **Alon Mozes**

Office Address: **3737 S.W. 8th Street, Ste. 222**

Coral Gables

(City)

Florida 33134

(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)

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:

A. DIRECTORS

Chairman: Alon MozesAddress: 3737 S.W. 8th Street, Ste. 222, Coral Gables FL 33134

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: and CEO: Alon MozesAddress: 3737 S.W. 8th Street, Ste. 222, Coral Gables FL 33134

Vice President: _____

Address: _____

Secretary: Alon MozesAddress: 3737 S.W. 8th Street, Ste. 222, Coral Gables FL 33134Treasurer: Alon MozesAddress: 3737 S.W. 8th Street, Ste. 222, Coral Gables FL 33134

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

13. _____

Signature of Officer or Director

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. Alon Mozes, President

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

FILED
12 SEP 21 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEOCIS, 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEOCIS, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2012.

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

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TALLAHASSEE, FLORIDA

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at corp.delaware.gov/authver.shtml.




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9859610

DATE: 09-20-12

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