

F13000000789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

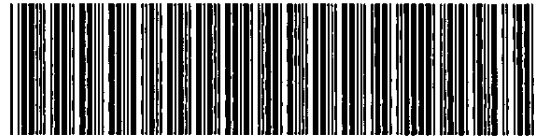
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/25/13--01017--003 **70.00

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TALLAHASSEE, FLORIDA

1/28
JF

W13-5382

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Neurotrope BioScience

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:

Dr. James S. New

Name of Person

Neurotrope BioScience

Firm/Company

10732 Hawk's Vista St

Address

Plantation, FL 33324

City/State and Zip code

jimnew30@gmail.com ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James S. New

Name of Person

at (**954**) **632.6630**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 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 ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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Fax Cover Page (total number of pages faxed = 6)

Fax to: 850.245.6804

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FAX

February 20, 2013

**Re: Neurotrope BioScience – Application By Foreign Corporation For Authorization to Transact
Business in Florida**

Attention to Diane:

I'm responding to deficiencies cited in my filing reference above. In responding to these deficiencies I have attached:

1. Documentation of "Good Standing" obtained from the State of Delaware where Neurotrope BioScience is incorporated.
2. Documentation from the State of Delaware citing the date of our incorporation in that State as October 31st, 2012.
3. The correspondence I received from your office citing the original deficiencies in the Neurotrope BioScience filing which you requested I return to you with this correspondence.

I hope this new material is sufficient to complete the filing of Neurotrope BioScience. If not, I'm anxious to comply with any still outstanding deficiencies you may discover.

Please feel free to contact me at 954.632.6630, or jnew@neurotropebioscience.com

Thank you,

Jim New

President and CEO

Neurotrope BioScience



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2013

DR. JAMES S. NEW
10732 HAWK'S VISTA ST
PLANTATION, FL 33324

SUBJECT: NEUROTROPE BIOSCIENCE, INC.
Ref. Number: W13000005382

We have received your document for NEUROTROPE BIOSCIENCE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please verify the date of incorporation.,

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

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 613A00002073

**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. Neurotrope Bioscience, 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.

(FEI number, if applicable)

4. October 31st, 2013

(Date of incorporation)

5. perpetual

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

6. N.A>

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

7. 9601 Medical Center Drive, Rockville, MD 20850

(Principal office address)

9601 Medical Center Drive, Rockville, MD 20850

(Current mailing address)

8. Corporate Bank Account to be established in FL

(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:

Dr. James S, New

Office Address:

10732 Hawk's Vista St

Plantation

(City)

33324

(Zip code)

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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)

1/22/13

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: Dr. John Abeles

Address: 2365 NW 41st St
Boca Raton, FL 33431

Vice Chairman: Mr. Bill Singer

Address: 9601 Medical Center Drive
Rockville, MD 20850

Director: Mr. Ralph Bean

Address: 9601 Medical Center Drive
Rockville, MD 20850

Director: Dr. James S. New

Address: 10732 Hawk's Vista St.
Plantation, FL 33324

B. OFFICERS

President: Dr. James S. New

Address: (see above)

Vice President: _____

Address: _____

Secretary: Mr. Bill Singer

Address: (see above)

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

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. James S. New

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

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TALLAHASSEE FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEUROTROPE BIOSCIENCE, 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 TWELFTH DAY OF FEBRUARY, A.D. 2013.

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TALLAHASSEE, FLORIDA

5234611 8300

130138170

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0211750

DATE: 02-12-13