

F 14000001933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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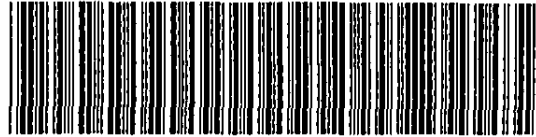
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 MAY -2 PM 4:35  
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FILED  
14 MAY -2 AM 7:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/5/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 117189 4310149

AUTHORIZATION :

COST LIMIT

\$ 70.00

ORDER DATE : May 2, 2014

ORDER TIME : 3:08 PM

ORDER NO. : 117189-005

CUSTOMER NO: 4310149

FOREIGN FILINGS

NAME: LIFE SCIENCE PHARMACEUTICALS,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

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14 MAY -2 AM 7:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. Life Science Pharmaceuticals, 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. February 7, 2006

(Date of incorporation)

5.

Perpetual

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

6. Upon qualification

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

7. 841 NE 33rd Street, Boca Raton, FL 33431

(Principal office address)

841 NE 33rd Street, Boca Raton, FL 33431

(Current mailing address)

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be  
organized under the Delaware General Corporation Law, as the same may be amended and supplemented  
from time to time.

8. from time to time.

(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: James Fiore

Office Address: 841 NE 33rd Street

Boca Raton

(City)

Florida 33431

(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.

James Fiore

By:

(Registered agent's signature) James Fiore

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: James Fiore

Address: 841 NE 33rd Street, Boca Raton, FL 33431

Vice Chairman:

Address:

Director: James Fiore

Address: 841 NE 33rd Street, Boca Raton, FL 33431

Director:

Address:

**B. OFFICERS**

President: James Fiore

Address: 841 NE 33rd Street, Boca Raton, FL 33431

Vice President:

Address:


Secretary: James Fiore

Address: 841 NE 33rd Street, Boca Raton, FL 33431

Treasurer: James Fiore

Address: 841 NE 33rd Street, Boca Raton, FL 33431

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 Fiore

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

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIFE SCIENCE PHARMACEUTICALS, 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 SECOND DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIFE SCIENCE PHARMACEUTICALS, INC." WAS INCORPORATED ON THE SEVENTH DAY OF FEBRUARY, A.D. 2006.

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14 MAY -2 AM 7:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4106664 8300

140556222

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1340843

DATE: 05-02-14