

F14000000 41 D6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

OCT - 1 2014

A. DUNLAP

Office Use Only



300263697583

RECEIVED

14 SEP 30 AM 10:54

DEPARTMENT OF CORPORATIONS

FILED

14 SEP 30 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



CORPORATION SERVICE COMPANY

file second  
\* do not separate  
please \*

ACCOUNT NO. : I20000000195

REFERENCE : 315497 4322953

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 70.00

ORDER DATE : September 26, 2014

ORDER TIME : 4:11 PM

ORDER NO. : 315497-020

CUSTOMER NO: 4322953

FOREIGN FILINGS

NAME: BIOAXONE BIOSCIENCES, 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: Courtney Williams -- EXT# 62935

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

**COVER LETTER**

TO: New Filing Section  
Division of Corporations

SUBJECT: BIOAXONE BIOSCIENCES, INC.

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:

PETER B. FINN, ESQ.

Name of Person

RUBIN & RUDMAN, LLP

Firm/Company

50 ROWES WHARF, 3RD FLOOR

Address

BOSTON, MA 02110

City/State and Zip code

PFINN@RUBINRUDMAN.COM

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

For further information concerning this matter, please call:

PETER FINN

Name of Person

at (617) 330-7000

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

**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. BIOAXONE BIOSCIENCES, 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. September 30, 2014**

(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. 850 NE 3RD STREET, SUITE 207, DANIA BEACH, FL 33004**

(Principal office address)

**850 NE 3RD STREET, SUITE 207, DANIA BEACH, FL 33004**

(Current mailing address)

**8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **CORPORATION SERVICE COMPANY**

Office Address: **1201 Hays Street**

**Tallahassee**, Florida **32301**

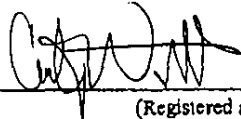
(City)

(Zip code)

**9. 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.*

**Courtney Williams**  
**Asst. Vice President**



(Registered agent's signature)

**10. 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.**

FILED  
14 SEP 30 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: DR. LISA MCKERRACHER, PH.D.

Address: 850 NE 3RD STREET, SUITE 207, DANIA BEACH, FLORIDA 33004

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: DR. LISA MCKERRACHER, PH.D.

Address: 850 NE 3RD STREET, SUITE 207, DANIA BEACH, FLORIDA 33004

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

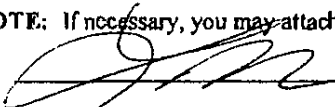
Secretary: PIERRE CAQUETTE

Address: 850 NE 3RD STREET, SUITE 207, DANIA BEACH, FLORIDA 33004

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

12.  \_\_\_\_\_  
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.

13. DR. LISA MCKERRACHER, PH.D., PRESIDENT

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

FILED  
14 SEP 30 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOAXONE BIOSCIENCES, 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIOAXONE BIOSCIENCES, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2014.

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

FILED  
14 SEP 30 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

5612399 8300

141235732

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: 1739757

DATE: 09-30-14