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.

(((H15000227565 3)))



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page. Doing so will generate another cover sheet.	n: en \$

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

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

Email	Address:		
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FOREIGN PROFIT/NONPROFIT CORPORATION

Immunathon, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$87.50

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Corporate Filing Menu

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9/22/2015 11:03:35 AM From: To: 8506176383(2/5)

COVER LETTER

TO: Registration Section Division of Corporations	
,	
SUBJECT:	on - must include suffix
Name of corporation	on - must metade sumix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact businesses."	anding" and check are submitted to register the
Please return all correspondence concerning this matt	ter to the following:
Michael Alpert	
Name o	of Person
Immunathon, Inc.	
Firm/Co	ompany
1951 NW 7th Ave. Suite 300	
Add	Iress
Miami, FL 33136	
City/State	and Zip code
michael.alpert@immunathon.com	
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	e call:
Michael Alpert at (at (392-0749
Name of Person Area Co	ode Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration 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 & ☐ \$87.50 Filing Fee, Certified Copy 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.

Immunathon, I	nc.		
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavai	lable in Florida, enter alternate corporate name a	adopted for the purpose of transacting bu	siness in Florida)
Delaware 2.	3	46-2445960	
	ry under the law of which it is incorporated)	(FEI number, if applica	ible)
4. 4/1/2013	5.		
(Dat	e of incorporation)	(Date of duration, if other than	perpetual)
6. 7/1/2015			
<u></u>	(Date first transacted business in (SEE SECTIONS 607.150) & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
7 1951 NW 7th Av	ve. Suite 300, Miami, FL 33136		
·	(Principal	al office address)	
	(Current mailin	g address, if different)	
8. Name and stre	et address of Florida registered agent: (P.O). Box NOT acceptable)	29.
Name:	C T Corporation System		S S
Office Address:	1200 South Pine Island Road		SSE 2 perm
	Plantation, Fl. 33324	, Florida(Zip code)	
	(City)	(Zip code)	5 9
9. Registered ag	gent's acceptance:		- 6.5 - '7'
Having been nan	ned as registered agent and to accept service	ce of process for the above stated co	rporation at the place
designated in this	s application, I hereby accept the appointn comply with the provisions of all statutes re	ient as registered agent and agree to elative to the proper and complete p	o act in inis capacity. 1 erformance of my
	familiar with and accept the obligations of	my position as registered agent.	
	C T Corporation Sy	ystem Conta Dinal	Miler Vincent
		Jember Unal vos Presido	
В <u>у:</u>			-
	(Kegistered a	gent'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.

11. Nam	es and business addresses of officers and/or directors:			
	ECTORS			
Chairman	Michael Alpert			
Address:	9322 Harding Avenue #503 Mismi Death Et 22241			
-				
Vice Chai	rman:	<u>.</u> .		,
Address:				
_				
Director:				
Address:				
				
Director:			2015	144 V 2
Address:			SEP	2
,		SS	22) Desnew
B. OFFI	CERS	m _⊆ ;		1 6
President:	Michael Alpert	- S.	9.	. 344 . 324 4
Address:	8233 Harding Avenue #507, Miami Beach, FL 33141	5.3	F	<u> </u>
-				
Vice Presid	dent:			
Address:				
Secretary:	Michael Alpert			
Address:	8233 Harding Avenue #507, Miami Beach, FL 33141			
Treasurer:	Michael Alpert			
Address:	8233 Harding Avenue #507, Míami Beach, FL 33141			
NOTE: 1	f necessary, you may attach an addendum to the application listing additional officers ar	nd/or directe	ors.	
12	Signature of Director or Officer		-	
are true ar	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that that the or she is aware that false information submitted in a document to the Department of the Department o			
-	ael Alpert, President, Immunathon, Inc.			
	(Typed or printed name and capacity of person signing application)			

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMMUNATHON, 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 TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMMUNATHON, INC." WAS INCORPORATED ON THE FIRST DAY OF APRIL, A.D. 2013.

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

5311896 8300 SR# 20150208662

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

Authentication: 10104248

Date: 09-22-15