

FI5000005289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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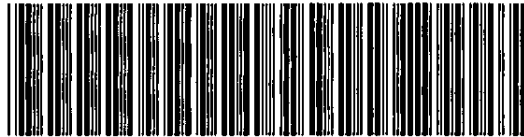
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

M. MILLIGAN
EXAMINER

2
DEC 04 2015

COVER LETTER

TO: Registration Section
Division of Corporations
TapImmune, Inc.

SUBJECT: _____
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:
Mark Catchur

_____	Name of Person
Shumaker, Loop & Kendrick, LLP	
_____	Firm/Company
101 East Kennedy Boulevard, Suite 2800	
_____	Address
Tampa, Florida 33602	
_____	City/State and Zip code
mcatchur@slk-law.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Catchur	813	229-7600
_____	at (_____)	_____
Name of Person	Area Code	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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

TapImmune, Inc.

1. _____
(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)

Nevada

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
10/22/1991 Perpetual

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

Upon filing

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

50 North Laura Street, Suite 2500, Jacksonville, Florida 32202

7. _____
(Principal office address)

(Current mailing address, if different)

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

Glynn Wilson

Name: _____

50 North Laura Street, Suite 2500

Office Address: _____

Jacksonville


32202

(City)

, Florida (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.



(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.

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

A. DIRECTORS

Chairman: Glynn Wilson
50 North Laura Street, Suite 2500, Jacksonville, Florida 32202
Address: _____

Vice Chairman: _____
Address: _____

Director: Mark Reddish
50 North Laura Street, Suite 2500, Jacksonville, Florida 32202
Address: _____

Director: Sherry Grisewood
50 North Laura Street, Suite 2500, Jacksonville, Florida 32202
Address: _____

B. OFFICERS

President: Glynn Wilson
50 North Laura Street, Suite 2500, Jacksonville, Florida 32202
Address: _____

Vice President: _____
Address: _____

Secretary: Glynn Wilson
50 North Laura Street, Suite 2500, Jacksonville, Florida 32202
Address: _____

Treasurer: Glynn Wilson
50 North Laura Street, Suite 2500, Jacksonville, Florida 32202
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 11 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. Glynn Wilson GLYNN WILSON CEO
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Addendum to Application to Transact Business in Florida

Director: David Laskow-Pooley
Address: 50 North Laura Street, Suite 2500, Jacksonville, Florida 32202

Director: John Bonfiglio
Address: 50 North Laura Street, Suite 2500, Jacksonville, Florida 32202

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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TAPIMMUNE INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 22, 1991, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 16, 2015.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20151116-0805
You may verify this electronic certificate
online at <http://www.nvsos.gov/>

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