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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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:

FOREIGN PROFIT/NONPROFIT CORPORATION

Armune BioScience, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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Help

COVER LETTER

•		
TO: Registration Section Division of Corporations		
SUBJECT: Armune BioScience, Inc.		
Name of corpora	tion - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but		
Please return all correspondence concerning this ma	atter to the following:	
Susan Crookston		
Name	e of Person	
Armune BioScience, Inc.		
Firm/S	Company	
350 East Michigan Ave, Suite 500		
	ddress	
Kalamazoo, MI 49007		
	te and Zip code	
scrookston@armune.com		
	sed for future annual report notification)	
For further information concerning this matter, plea	ise call:	
James Arthurs at (734	353-4333	
Name of Person Area (
•		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassoe, FL 32314	
Tuliahassee, FL 3230)	· • • • • • • • • • • • • • • • • • • •	
Enclosed is a check for the following amount:		
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	S \$78.75 Filing Fee & S \$87.50 Filing Fee, Certified Copy Certificate of Status &	
Certificate of Status	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.

	"Inc.," "Co.," "C	orporation; must include "INCORPORATED," ' orp," "Inc," "Co," or "Cosp.")			
	(If name unavails	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacting bu	isiness in Florida)	•
2.	Delaware	2	26-1536100		
ě.	(State or country	y under the law of which it is incorporated)	(FE) number, if applies	able)	•
4	08/31/2007	5			
	(Date	of incorporation)	(Date of duration, if other than	perpetual)	
6.	Not applicat	ole			
		(Date first transacted business in F (SEE SECTIONS 607.150) & 607.150			•
	Armuna BiaD	•	• • • •		
7.	Armune 6105	cience, Inc. 350 East Michigan Ave Suite 500, K	office address)		•
		(Carrent Carrent Carre	VIII COMPANY		
•		(Current mailing	address, if different)	Po -	-
8.	Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	三年 意	4
	Name:	C T Corporation System		第 5	ا بيواني ^ي ا ايواني ^ي
~		1200 South Pine Island Road		Ng sa	The Paris
Oi	lice Address:	Di est programa		10 13 11 S. 3 15 H. 6	Transmitt Transmitt
		Plantation, FL 33324	, Florida(Zip code)		-
		(C)			
		(City)	(Zip code)	2) 17 C S	
He de fui	aving been num signoted in this rther agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rel amiliar with and accept the obligations of a	e of process for the above stated co ent as registered agent and agree t lative to the proper and complete p my position as registered agent.	o act in this capa	icity. 1

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. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman: Donald R Parfet			
Address: 350 East Michigan Ave, Suite 500			
Kalamazoo, MI 49007		·	
Director: James S Sollins			
Address: 350 East Michigan Ave, Sulte 500			
Kalamazoo, MI 49007			
Director; Devid A Esposito, President and CEO			
Address: 350 East Michigan Ave, Suite 500			
Kalamazoo, MI 49007			
Director: Dennis P Kana			
Address: 350 East Michigan Ave, Suite 500		-	
Kalamazoo, M1 49007			
B. OFFICERS			
President: David A Esposito			
Address: 350 East Michigan Ave. Suite 500 Kalamazoo, Mt 49007			
Chief Scientific Officer: Sharat Singh 350 East Michigan Ave, Suite 500 Kalamazoo, MI 49007		<u> </u>	
Chief Business Officer: Ell Thomssen	<u></u>	<u> </u>	
Address: 350 East Michigan Ave, Suite 500 Kalamazoo, MI 49007	44	0	, was taken
Chief Medical Officer: Robert Reinhardt 350 East Michigan Ave, Suite 500 Kalamazoo, Mi 49007			. 1
Secretary, Treasurer, CFO: Susan Crookston	9,5	9	1
Address: 350 East Michigan Ave, Suite 500 Kalamazoo, MI 49007	Ðri ≻	ယ	
Chief Operating Officer: James Arthurs			
Address: 401 West Morgan Road, Ann Arbor MŁ 48108			, , , , , , , , , , , , , , , , , , ,
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/or direct	ors.	
12.			
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms the are true and that he or she is aware that false information submitted in a document to the Depart a third degree felony as provided for in s.817.155, F.S.			
13. James S Arthurs, Chief Operating Officer			
(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 "ARMUNE 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 TWENTY-FIRST DAY OF MARCH, A.D.
2016.

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

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

4416662 8300

SR# 20161767273

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

Joffrey W. Bulliath, Beatrdary of Blatz

Authentication: 202015701

Date: 03-21-16