F16000004245

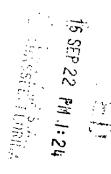
(R	lequestor's Name)	-		
(A	ddress)			
(A	ddress)			
(C	City/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Nam	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	o Filing Officer:			





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SEP 2 3 2016 Y SULKER

W16-53966



August 4, 2016

JAVIER M ORDOSGOITIA 6303 BLUE LAGOON DR SUITE 400 MIAMI, FL 33126 US

SUBJECT: MATERNAL SCIENCE, INC.

Ref. Number: W16000053966

We have received your document for MATERNAL SCIENCE, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 116A00016431

COVER LETTER

	Registration Sec Division of Cor					
SUBJE		Science, Inc.	•			
SOBIL	,C1:	Name of	corporation	- must include	suffix	
Dear Sir	or Madam:					
"Certific	ate of Existenc		f Good Stan	ding" and checi		et Business in Florida," mitted to register the
	eturn all corresp . Ordosgoitia	ondence concerning	g this matter	to the followin	g:	
`			Name of	Person		
Maternal	l Science, Inc.					
			Firm/Com	pany		
6303 Bh	ue Lagoon Drive.	Suite 400				
			Addre	ess		
Miami, F	FL 33126					
		+	City/State a	nd Zip code		
j.ordosgo	oitia@agrolabs.co	om				
		E-mail address:	to be used i	or future annua	l report r	otification)
For furth	her information	concerning this mat	ter, please o	all:		•
Javier O	rdosgoitia	al al	786 1 (222.4954		
	Name of Perso	n	Area Cod	e Daytir	ne Telepl	ione Number
 	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle		Regis Dívis P.O. l	stration Solion of Co Box 6327	orporations
Enclosed	d is a check for	the following amou	nt:			
\$70.0	00 Filing Fee	S78.75 Filing 1 Certificate of		\$78.75 Filing Certified Cop		☐ \$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.

Maternal Science	ce, Inc.		
	corporation; must include "INCORPORATED," · Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting busing	ess in Florida)
Delaware2.		6-2819524	
(State or country February 15, 20	ry under the law of which it is incorporated)	(FEI number, if applicabl	
(Date	of incorporation) 5	(Date of duration, if other than pe	erpetual)
б.			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1500	lorida, if prior to registration)	<u> </u>
	e, Building 15, Hillside, NJ 07205	z, r.s., to determine penalty habitity)	
7		office address)	
	· ·		
	(Current mailing	address, if different)	
8. Name and stre Name:	et address of Florida registered agent: (P.O. Javier M.Ordosgoitía	Box NOT acceptable)	M 1:25
Office Address:	6303 Blue Lagoon Drive, Suite 400		,
waxaywa samuradda,	Miami, FL	33126 , Florida	
	₹ (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.

(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.

	ECTORS	
Chairman:		
Address:	c/o 225 Long Avenue, bldg 15	•
-	Hillside, NJ 07205	der grande der der der der der der der der der d
Vice Chai	rman:	
Address:		
- Director:	David Galatt	
Address:	c/o 225 Long Avenue, bldg 15	
	Hillside, NJ 07205	
irector:	Marc Kramer	
.ddress:	c/o 225 Long Avenue, bldg 15	
	Hillside, NJ 07205	
OFF	ICERS Rachel Katz-Galatt	
ddress:	c/o 225 Long Avenue, Bldg 15	# ## · ·
	Hillside, NJ 07205	
ce Presi	ident:	01 - 01
		25 25
cretary:		
ddress:		
reasurer	Dina L Masi	
idress:	c/0 225 Long Avenue, Hillside, NJ 07205	
OTE:	If necessary, you may attach an addendum to the application listing additional officers an	d/or directors.
2	2 near	
e true a third de	Signature of Director or Officer ser or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department egree felony as provided for in s.817.155, F.S.	
3. Dina	L Masi, CFO, Treasurer	
	(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 "MATERNAL SCIENCE, 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 THIRTY-FIRST DAY OF AUGUST, A.D.

2016.

5290141 8300 SR# 20165593909

Jeffrey W. Bullock, Secretary of State

Authentication: 202920120

Date: 08-31-16