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Certified Copies	_ Certificates	of Status
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Office Use Only



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### **COVER LETTER**

TO:	Registration Se Division of Co			
SUB.I	ECT:	BioPoint Inc.		
			ation - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existen		for Authorization to Transac Standing" and check are sub usiness in Florida.	
Please	return all corres	pondence concerning this m	natter to the following:	
		Edwin Ma	itos	
		Nam	e of Person	
		BioPoint,	inc.	
•		Firm/	Company	
		401 Edgewater	Place, Suite 130	
	· · · · · · · · · · · · · · · · · · ·		Address	<del></del>
		Wakefield	I, MA 01880	
			ate and Zip code	
		edwin.matos@t	oiopointine com	
			sed for future annual report i	notification)
For fu	rther information	concerning this matter, ple	ase call:	
Micl	nael Casola	at (_305	5 <sub>\</sub> 481-9555	
	Name of Person		Code Daytime Telep	hone Number
	STREET/CO Registration So Division of Co Clifton Buildin	rporations	MAILING A Registration S Division of Co P.O. Box 632	ection orporations
		e Center Circle	Tallahassee, F	
Enclos	sed is a check for	the following amount:		
□ \$7	0.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



October 12, 2016

EDWIN MATOS 401 EDGEWATER PLACE, SUITE 130 WAKEFIELD, MA 01880

SUBJECT: BIOPOINT, INC. Ref. Number: W16000069914



We have received your document for BIOPOINT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 916A00021984

### 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.

	rporation; must include "INCORPORAT	ED," "COMPANY," "CORPORATION,"		-
inc., Co., Co	orp," "Inc," "Co," or "Corp.")			
/I.E	11. FI. J.	ame adopted for the purpose of transacting business i	in Florida)	_
	•	, , ,	ii rioilua)	
2. Massachus	etts under the law of which it is incorporated	345-1442504		_
(State or country				
4. <u>March 30, 2</u>	2011	5(Date of duration, if other than perpet		_
(Date	of incorporation)	(Date of duration, if other than perpet	ual)	
6. N/A - This I	pusiness does not conduct busine	· · · · · · · · · · · · · · · · · · ·		_
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)		
7 2828 Coral	Way, Suite 201, Miami Florida 33	3145		
	(Pr	rincipal office address)		-
	(Current r	mailing address, if different)		_
			<u> </u>	
8. Name and stree	t address of Florida registered agent:	(P.O. Box <u>NOT</u> acceptable)	007	. 9
Name:	Michael Casol  2828 Coral Way, Su  Mian; (City)	<u> </u>	25	- 12 - 12 - 12
Office Address:	2828 Coral Way, Sc	vite 201	F	12
	W.a.	Florida 73145	1:00 H	.,65 전화
	(City)	(Zip code)	Ţ	=1;77; .e5
		,		•
9. Registered age		service of process for the above stated corpora	tion at the	e place
designated in this	application, I hereby accept the app	ointment as registered agent and agree to act i	n this cap	acity.
		utes relative to the proper and complete perfori ons of my position as registered agent.	nance of i	my
aunes, ana 1 am j	initial with and accept the obligation	ms of my position as registered agenti		
	ML-	- 4 -		
_		tered agent's signature)		
	ζ	5 5 ,		

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:

Chairman:	Edwin Matos		
-			
Address:	401 Edgewater Place, Suite 130, Wakefield, MA 01880		
Vice Chairm	David Nash		
Address:	401 Edgewater Place, Suite 130, Wakefield, MA 01880		
Director:	Robert DeGroot		
Address:	401 Edgewater Place, Suite 130, Wakefield, MA 01880		
Director:	Kevin Pike		· · ·
Address:	401 Edgewater Place, Suite 130, Wakefield, MA 01880		
B. OFFIC  President:  Address:	George Kokoros  401 Edgewater Place, Suite 130, Wakefield, MA 01880		
Vice Preside	ent:		
Address:		8	:· - <u>é</u>
Secretary: _		100 200 200	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address:		7	<u> </u>
Treasurer:		÷.	
Address:		· · la ·	• • • • • • • • • • • • • • • • • • • •
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or dir	ectors.	
	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that the facts that he or she is aware that false information submitted in a document to the Department of S		



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

September 15, 2016

#### TO WHOM IT MAY CONCERN:

I hereby certify that

### BIOPOINT, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on March 30, 2011.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Villian Travino Galicin