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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

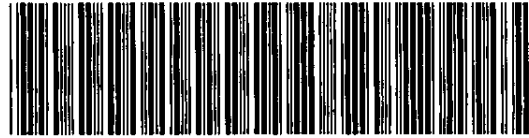
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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01/09/17--01023--008 **87.50

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TALLAHASSEE, FLORIDA

D. SCOTT

JAN 10 2017



215 S. WASHINGTON SQUARE, SUITE 200
LANSING, MI 48933-1816
TELEPHONE: (517) 371-1730
FACSIMILE: (844) 670-6009
<http://www.dickinsonwright.com>

JAMES F. MAURO
JMauro@dickinsonwright.com
(517) 487-4701

January 4, 2017

VIA FIRST CLASS DELIVERY

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Koro Biomedical, Inc.

To Whom It May Concern:

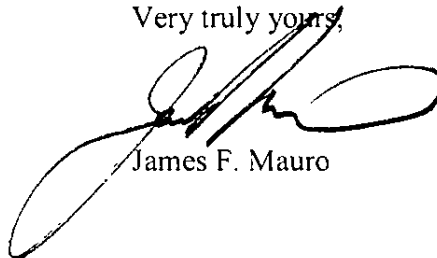
Enclosed for filing is an Application By Foreign Corporation For Authorization To Transact Business In Florida for Koro Biomedical, Inc. together with an original good standing certificate issued by the Michigan Department of Licensing and Regulatory Affairs, Corporations, Securities and Commercial Licensing Bureau.

Also enclosed is our check in the amount of \$87.50 payable to the Florida Department of State to cover the required filing fee, the Certificate of Status and certified copy of the filing.

Finally, enclosed is a pre-paid self-addressed envelope for the return of the Certified Copy and Certificate of Status.

In the event you have questions regarding our request feel free to contact me.

Very truly yours,



James F. Mauro

JFM/pmh
Enclosures
LANSING 64682-1 519113v1

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

Koro Biomedical, 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:
James F. Mauro

Name of Person
Dickinson Wright PLLC

Firm/Company
215 S. Washington Square, Suite 200

Address
Lansing, MI 48933-1816

City/State and Zip code
augusta.pelosi@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James F. Mauro 517 487-4701

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:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

**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.*

Koro Biomedical, 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)
Michigan 47-3760039

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
April 20, 2015

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

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
12200 S. Gardens Drive, Apt. 103, Palm Beach Gardens, FL 33418

7. _____
(Principal office address)

(Current mailing address, if different)

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

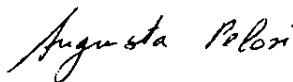
Name: _____
12200 S. Gardens Drive, Apt. 103

Office Address: _____ 33418
Palm Beach Gardens, _____, Florida _____
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Augusta Pelosi

Director: _____

12200 S. Gardens Drive, Apt. 103, Palm Beach Gardens, FL 33418

Address: _____

Director: _____

Address: _____

B. OFFICERS

Augusta Pelosi

President: _____

12200 S. Gardens Drive, Apt. 103, Palm Beach Gardens, FL 33418

Address: _____

Vice President: _____

Address: _____

Augusta Pelosi

Secretary: _____

12200 S. Gardens Drive, Apt. 103, Palm Beach Gardens, FL 33418

Address: _____

Augusta Pelosi

Treasurer: _____

12200 S. Gardens Drive, Apt. 103, Palm Beach Gardens, FL 33418

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Augusta Pelosi

Signature of Director or Officer

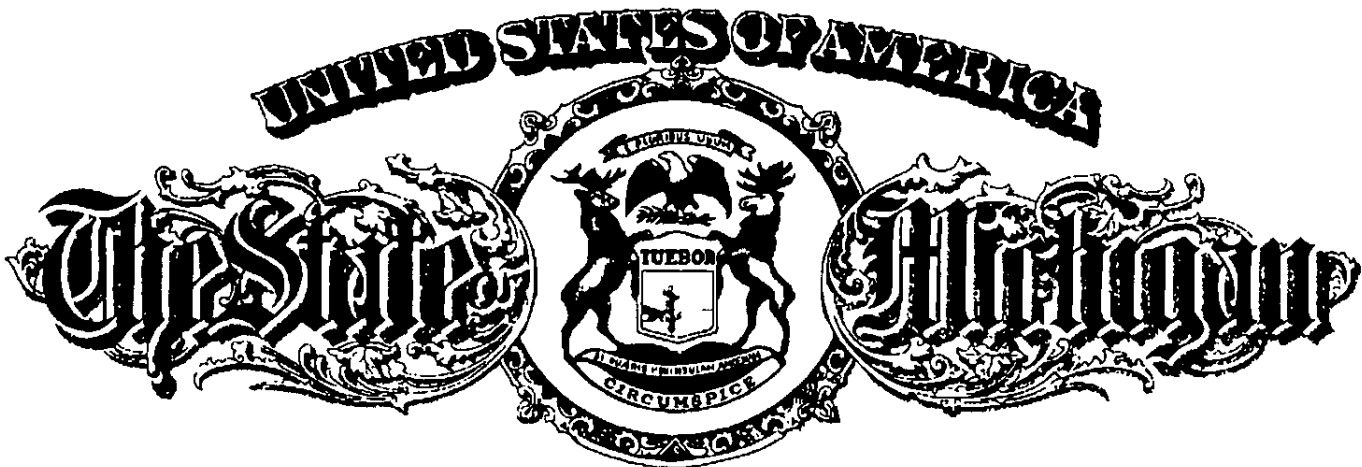
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Augusta Pelosi, President

13. _____

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

KORO BIOMEDICAL, INC.

was validly incorporated on April 20, 2015, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 4th day of January, 2017.

Julia Dale

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau