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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

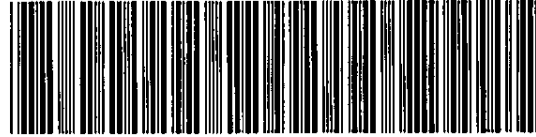
(Business Entity Name)

(Document Number)

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D. BRUCE  
FEB 09 2017

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**DATE:** 2/8/17

**NAME:** NEURO PHARMALOGICS, INC

**TYPE OF FILING:** APPLICATION

**COST:** 78.75

**RETURN:** CERTIFIED COPY PLEASE

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TALLAHASSEE, FLORIDA

**FILED**

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



**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.*

Neuro Pharmacologics, 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)

2. Delaware 3. 81-3787835  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. January 12, 2017 5. n/a  
(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)

7. 901 NW 35th Street, Boca Raton, Florida 33431  
(Principal office address)
- same as above  
(Current mailing address, if different)

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

Name: David D. Muth  
Office Address: 901 NW 35th Street,  
Boca Raton, Florida 33431  
(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.

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

**A. DIRECTORS**

Chairman: David D. Muth

Address: 901 NW 35th Street, Boca Raton, FLA 33431

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: George B. Thornton

Address: 901 NW 35th Street, Boca Raton, FLA 33431

Director: Michael Corrado

Address: 901 NW 35th Street, Boca Raton, FLA 33431

**B. OFFICERS**

President: David D. Muth

Address: 901 NW 35th Street, Boca Raton, FLA 33431

Vice President: none

Address: \_\_\_\_\_

Secretary: David D. Muth

Address: 901 NW 35th Street, Boca Raton, FLA 33431

Treasurer: David D. Muth

Address: 901 NW 35th Street, Boca Raton, FLA 33431

**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. David D. Muth, President

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

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TALLAHASSEE, FLORIDA

# Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEURO PHARMALOGICS, 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 THIRTEENTH DAY OF JANUARY, A.D. 2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEURO PHARMALOGICS, INC." WAS INCORPORATED ON THE TWELFTH DAY OF JANUARY, A.D. 2017.

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



6280815 8300

SR# 20170223730

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JW Dutlech", is written over a horizontal line. Below the line, the text "Jeffrey W. Dutlech, Secretary of State" is printed.

Authentication: 201869039

Date: 01-13-17