Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000126281 3)))



H170001262813ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

or:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.

Account Number : 076326003550 Phone : (561)627-8100 Fax Number : (561)622~7603

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

MAY -8 PH 4: 54

Email Address: O.UTSETMD@EARTHLINK,NET

# FOREIGN PROFIT/NONPROFIT CORPORATION DELUGE BIOTECHNOLOGIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

MAY 0 9 2017

S. YOUNG

#### 44.

## **COVER LETTER**

TO: Registration Sec	
Division of Cor	
•	otechnologies, Inc.
SUBJECT:	Name of corporation - must include suffix
Dear Sir or Madam:	
"Certificate of Existence	ion by Foreign Corporation for Authorization to Transact Business in Florida," e," or "Certificate of Good Standing" and check are submitted to register the n corporation to transact business in Florida.
Please return all corresp Ofelia Utset	condence concerning this matter to the following:
	Name of Person
Deluge Biotechnologies, i	nc.
6671 W. Indiantown Rose	Firm/Company 1, Ste. 50-325
	Address
Jupiter, FL 33458	·
o.utsetmd@earthlink.net	City/State and Zip code
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Ofelia Utset	214 563-2975 at ()
Name of Perso	
STREET/COT Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	porations  Division of Corporations  P.O. Box 6327  Center Circle  Tallahassee, FL 32314
Enclosed is a check for	the following amount;
☐ \$70.00 Filing Fee	S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status Certified Copy

#### H17000126281 3

#### 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. Deluge Biotechnologies, 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) (FEI number, if applicable) (State or country under the law of which it is incorporated) 02/28/2017 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 6671 W. Indiantown Road, Stc. 50-325 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Ofelia Utsot Name: 8711 SE Somerset Island Way Office Address: Jupiter (City) 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 suthenticated, 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.

## H17000126281 3

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
	<i>₹0.</i>
Address:	<b>3</b> F. G.
	3 55-
B. OFFICERS Ofelia Uteet	<b>8</b> 5.55
President: 8711 SE SOmerset Island Way	mo T.
Address:  Jupiter, FL 33458	<del></del>
74pac, 1 233 100	<u> </u>
Vice President:	
Address:	
Secretary:	
Address:	<u></u>
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
12	
Signature of Director or Officer	facto tratad harein
The officer or director signing this document (and who is listed in number 11 above) affirms that the 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.  Ofelia Utset, President	
13,	
(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 "DELUGE BIOTECHNOLOGIES, 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 FOURTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DELUGE BIOTECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

RAVE BEEN ASSESSED TO DATE.

FALLAHASSEE FLORIDA

20



Authentication: 202486876

Date: 05-04-17