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COVER LETTER

TO: Registration Section Division of Corpora							
•	COQUI RADIO PHARMACEUTICALS, CORP.						
SUBJECT:		on - must include suffix					
Dear Sir or Madam:							
The enclosed "Application "Certificate of Existence," of above referenced foreign co	or "Certificate of Good S	tanding" and check are sub					
Please return all correspond	lence concerning this ma	tter to the following:					
Marlene Leon-Rubido, Esquir	TE .						
	Name	of Person					
	Firm/C	ompany	•				
6780 Coral Way		, ,					
	Ac	dress					
Miami, Florida 33155							
	City/Stat	e and Zip code					
cbigles@adioscancer.com							
	E-mail address: (to be us	ed for future annual report	notification)				
For further information cor	cerning this matter, plea	se call:					
Marlene Leon-Rubido	305 at (596-2211					
Name of Person	Area C	Code Daytime Telep	ohone Number				
STREET/COURI	ER ADDRESS:	MAILING A	ADDRESS:				
Registration Section		Registration Section					
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327					
2661 Executive Center Circle Tallahassee, FL 32301		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				

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.

1.		PHARMACEUTICALS, CORP.	_				
• •	(Enter name of co	orporation; must include "INCORPORATED," or "Corp.")	" "COMPANY," "CORPORATION."				
	(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florid	la)		
Puerto Rico			66-0743055				
4.	9/10/09	under the law of which it is incorporated)	(FEI number, if applicable) Perpetual				
4. (Date of incorporation) 5.			(Date of duration, if other than	(Date of duration, if other than perpetual)			
6.	·			<u> </u>			
6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)							
7.		Highway, Suite 335, Coral Gables, Florida 3.					
(Principal office address)					17		
	(Current mailing address, if different)			WHYSE	T		
8.	. Name and stree	, Ti •					
	Name:	Marlene Leon-Rubido. Esquire		' <u> </u>	ح ر ب		
O	Office Address:	6780 Coral Way		\$ E	.J		
_		Miami, Florida	33155 , 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Carmen I. Bigles Director: Chairman: 1172 South Dixie Highway, #335, Coral Gables, Florida 33146 Address: Pedro Serano Director: Vice Chairman: 1172 South Dixie Highway, #335, Coral Gables, Florida 33146 James Welsh Director: Director: 1172 South Dixie Highway, #335, Coral Gables, Florida 33146 Address: _ Michael Matte Director: Director: _ 1172 South Dixie Highway, #335, Coral Gables, Florida 33146 **B. OFFICERS** PCEO Carmen I. Bigles President: 1172 South Dixie Highway, #335, Coral Gables, Florida 33146 Vice President: Address: Secretary: Treasurer: ______ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Carmen I. Bigles, President and CEO



Government of Puerto Rico

CERTIFICATE OF GOOD STANDING

I, LUIS G. RIVERA MARÍN, Secretary of State of the Government of Puerto Rico.

CERTIFY: That, COQUI RADIO PHARMACEUTICALS, CORP., register number 191577, a for profit domestic corporation, organized under the laws of Puerto Rico on September 10, 2009, has complied with the filing of its Annual Reports.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, October 26, 2017.

LUIS G. RIVERA MARÍN Secretary of State

To validate this certificate go to:

http://estado.pr.gov/

This certificate can be validated an unlimited number of times before its expiration date of 26-Oct-2018.

Certificate Validation Number: 226908-41408430



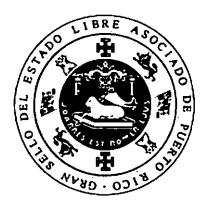
Government of Puerto Rico

CERTIFICATE OF EXISTENCE

I, LUIS G. RIVERA MARÍN, Secretary of State of the Government of Puerto Rico.

CERTIFY: That, COQUI RADIO PHARMACEUTICALS, CORP., registry number 191577, is a domestic for profit corporation, organized on September 10, 2009, in accordance to the General Corporations Law, as amended.

This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, November 10, 2017.

LUIS G. RIVERA MARÍN Secretary of State

To validate this certificate go to:

http://estado.pr.gov/

This certificate can be validated an unlimited number of times before its expiration date of 10-Nov-2018.

Certificate Validation Number: 227759-53943203