11/22/2017



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.

(((H17000308543 3)))



H170003085433ABC+

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

of Corporations r : (850)617-6383 ame : C T CORPORATION SYSTEM umber : FCA000000023	4 · · · · · · · · · · · · · · · · · · ·
ame : C T CORPORATION SYSTEM umber : FCA0 000 00023 : (512)418-6949	
umber : FCA0 00 000023 : (512)418-6949	
umber : FCA0 00 000023 : (512)418-6949	
: (512)418-6949	
•	
•	
, ,	
ddress for this business entity to be u mailings. Enter only one email address	
	and the second s
	ATION
_	: N PROFIT/NONPROFIT CORPOR/

CYTOSEN THERAPEUTICS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CYTOSEN THERAPEUTIC			
Name	of corporation	n - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Co"Certificate of Existence," or "Certificate above referenced foreign corporation to the composition of the	e of Good Sta	nding" and check are sub	
Please return all correspondence concern	ing this matte	r to the following:	
Mark D. Scheinblum			
	Name of	Person	-
Mark D. Scheinblum, P.A.			
1353 Palmetto Avenue Suite 100	Firm/Con	npany	
	Addr	422	-
Winter Park, FL 32789			
	City/State a	ind Zip code	
mark@scheinblumlaw.com		7	
E-mail addres	s: (to be used	for future annual report n	nonneation)
For further information concerning this r	natter, please	call:	
Mark Scheinblum	at (<u>407</u>) 628-9081, ext. 112	
Name of Person	Area Coo		hone Number
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, P	ection orporations 7
Enclosed is a check for the following am	iount:		
☐ \$70.00 Filing Fee ☐ \$78.75 Filin Certificate	-	S78.75 Fifing Fee & Certified Copy	S87.50 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.

	ERAPEUTICS, INC.		
	orporation; must include "INCORPORATED," orp," "Inc." "Co." or "Corp.")	'COMPANY," "CORPORATIO	N,"
(If name unavail:	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	ng business in Florida)
2. Delaware	3. 4	7-2299387	
(State or countr	opticable)		
4. 07/03/2017	5.		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
6. 07/03/2017		·	
	(Date first transacted business in I		0. 4
3251 Progress Dr	(SEE SECTIONS 607,1501 & 607,150) ive, Room 127	Z, F,S., to determine penalty habit	цуj
7 Orlando, FL 3282	.6		
	(Principal	office address)	
	(Current mailing	address, if different)	
	•	,	2217
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Mark D. Scheinblum, P.A.		4 t
Office Address:	1353 Palmetto Avenue, Suite 100	_	71 <u>**</u> • 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1
	Winter Park	, Florida 32789	<u> </u>
	(City)	(Zip code)	. (2)

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.

Mahalha (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.

To: Page 5 of 6

li.	Names	and	business	addresses	of offu	cers and	/or direct	ors:
-----	-------	-----	----------	-----------	---------	----------	------------	------

A. DIRE	CTORS			
Chairman:	Philip R. McKee			
Address: _	3251 Progress Dr., Orlando. FL 32826			
Vice Chair	nan:			
			-	
Address, _				
Director:	Robert Y. Igarashi, President			
Address:	3251 Progress Dr., Orlando, FL 32826			
	·			
Director:	Dean A. Lee			
Address:	3251 Progress Dr., Orlando, FL 32826			
_				
B. OFFI	CERS	,	-	
President:	Robert Y. Igarashi, President			
Address:	3251 Progress Dr., Orlando, FL 32826		CU25	
-		· ·	- 	<u> </u>
Chief Exe	cutive Officer BM:	: -	10 10	Marge.
	87 Greendale Avenue, Needham, MA 02494	:: <u> </u>	7	<u>:</u>
-			<u>क</u> क	
Secretary	Dean A. Lee		رب ب	·
•	3251 Progress Or., Orlando, FL 32826			
Treasurer:				
Address:				
NOTE: 1	finecessary, you may attach an addendum to the application listing additional officers at the state of Director or Officer	nd/or d	irectors	š.
The office are true as	er or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Departm gree felony as provided for in s.817.155, F.S.			
13Rob	ert Y. Igarashi, President			



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CYTOSEN THERAPEUTICS, 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 TWENTY-SECOND DAY OF NOVEMBER, A.D.

2017.

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

6465089 8300
SR# 20177217432
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203622191

Date: 11-22-17