F18000000 408

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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01/25/18--01015--021 **78.75



COVER LETTER

то:	Registration Section Division of Corporations			
SHRI	ECT: Modulation Therape	eutics Inc		
ооц			- must include suffix	•
Dear S	ir or Madam:			
"Certif		cate of Good Stand	Authorization to Transact Business in Florida." adding" and check are submitted to register the ess in Florida.	
Please	return all correspondence conc	erning this matter	r to the following:	
Tim F	Hazlehurst			
		Name of F	Person	•
Modu	lation Therapeutics Inc			
		Firm/Comp	ppany	
8 Me	dical Center Drive			
		Addre	ess	
Morg	antown, West Virginia 265	05		,
<u></u>		City/State an		
timha	ız.mt@gmail.com	-	, in the second	
	E-mail add	ress: (to be used for	for future annual report notification)	
For fu	ther information concerning thi	is matter, please ca	call:	
Tim F	Hazlehurst	at (330	414-1995	
	Name of Person	Area Code	e Daytime Telephone Number	
	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclos	ed is a check for the following:	amount:		
\$70	0.00 Filing Fee \$78.75 Fi	iling Fee & 🔲	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status	æ

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.

Modulation 1	Therapeutics Inc				
•	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	D.	"COMPANY," "CORPORATION,"		-
Modulation ⁻	Therapeutics Company Inc				
(If name unavaila	able in Florida, enter alternate corporate nam	ne :	adopted for the purpose of transacting business in Flo	orida)	•
_{2.} Delaware		3	45-2680213		
(State or country	y under the law of which it is incorporated)		(FEI number, if applicable)		•
4. June 28, 20	11	5.	Perpetual		
(Date	of incorporation)		(Date of duration, if other than perpetual)		•
6. No Business	Prior to Pending Registration				
₇ Modulation T		1.15	Florida, if prior to registration) 602, F.S., to determine penalty liability) e, Morgantown, WV 26505		
·	(Prin	cip	al office address)		•
Same Addres	SS				
	(Current ma	ilir	g address, if different)		•
				18	
3. Name and street	<u>et address</u> of Florida registered agent: (F	P.C	D. Box NOT acceptable)	J.K	-1
Name:	Registered Agents Inc.			1 25	
Office Address:	3030 N. Rocky Point Dr. STE 1	5(<u>DA</u>	H	7
	Tampa		Florida 33607	11 6	
	(City)		(Zip code)	F	

Registered agent's acceptance:

aving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my sties, and I am familiar with and accept the obligations of my position as registered agent.

> Registered Agents Inc. Bill Havre - Assistant Secre

(Registered agent's signature)

. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction fer the law of which it is incorporated.

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

	111	\mathbf{r}	13/00	ra	ne
4.	171	ж	$\mathbf{E}\mathbf{C}$		W >

Anne 4121 Mark C/O I FICERS	Modulation Therapeutics, 8 Medical Center Drive, Morgantown, WV 26505 Cress N. San Simeon Rd., Tucson AZ 85718 McLaughlin Modulation Therapeutics, 8 Medical Center Drive, Morgantown, WV 26505
Anne 4121 Mark C/O I FICERS Lori Modu	Cress N. San Simeon Rd., Tucson AZ 85718 McLaughlin Modulation Therapeutics, 8 Medical Center Drive, Morgantown, WV 26505
Anne 4121 Mark C/O I FICERS Lori Modu	Cress N. San Simeon Rd., Tucson AZ 85718 McLaughlin Modulation Therapeutics, 8 Medical Center Drive, Morgantown, WV 26505
Mark C/O I	N. San Simeon Rd., Tucson AZ 85718 McLaughlin Modulation Therapeutics, 8 Medical Center Drive, Morgantown, WV 26505
Mark C/O I CICERS Lori Modu	McLaughlin Modulation Therapeutics, 8 Medical Center Drive, Morgantown, WV 26505
C/O I	Modulation Therapeutics, 8 Medical Center Drive, Morgantown, WV 26505
Lori Modu	
Modu	
Modu	Hazlehurst
ident:	ulation Therapeutics, 8 Medical Center Drive, Morgantown, WV 26505
	Mark McLaughlin
Modu	ulation Therapeutics, 8 Medical Center Drive, Morgantown, WV 26505
Lori	Hazlehurst
	lation Therapeutics, 8 Medical Center Drive, Morgantown, WV 26505
 Marl	k McLaughlin
	lation Therapeutics, 8 Medical Center Drive, Morgantown, WV 26505
If nece	ssary, you may attach an addendum to the application listing additional officers and/or directors.
cer or d	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 third degree felony as provided for in s.817.155, F.S.

Lori Hazlehurst / President



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

DELAWARE, DO HEREBY CERTIFY "MODULATION 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 NINETEENTH DAY OF JANUARY, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MODULATION

THERAPEUTICS, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF

JUNE, A.D. 2011.

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

Authentication: 202000377

Date: 01-19-18

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