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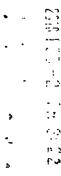
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	·
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





500308531345

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FEB O 5 70.5 J. HARRIS

COVER LETTER

_	tration Section ion of Corpor					
	•	BIOSCIENCES.	INC.			
SUBJECT:		Name o	of corporation	ı - must	include suffix	
Dear Sir or M	adam:					
"Certificate of	f Existence,"		of Good Sta	nding" a	and check are sul	nct Business in Florida." bmitted to register the
Please return : KATHERINE	•	lence concerni	ng this matte	r to the	following:	
			Name of	Person		
CURATIVE B	IOSCIENCES	. INC.				
		<u>.</u>	Firm/Con	ıpany		
18600 MACK	DAIRY ROAI)				
			Addr	ess		
JUPITER, FL	33478					
KATHERINE.	.west@cur	ATIVEBIOSCH	City/State a	ınd Zip	code	
		E-mail address	: (to be used	for futu	re annual report	notification)
For further in	formation cor	ncerning this m	atter, please	call:		
KATHERINE	WEST		561 at (-3098	
Name	e of Person		Area Coo	le	Daytime Telep	phone Number
Regis Divis Clifto 2661	EET/COURI stration Section ion of Corpor on Building Executive Ce hassee, FL 3.	ations nter Circle	S:		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Forporations 17
Enclosed is a	check for the	following amo	ount:			^
□ \$70.00 Fil	ing Fee □	\$78.75 Filing Certificate of	g Fee & — (If Status	3 \$78.7 Certi	'5 Filing Fee & fied 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.

(Enter name of co	orporation; must include "INCORPORATED." "C	COMPANY " "CORPORATION	<u> </u>		
	orp." "Inc." "Co." or "Corp.")	COMPANT, CONTONATION	•		
(If name unavaila	ible in Florida, enter alternate corporate name ado	pted for the purpose of transacting	g business in Florida		
NEVADA		22 2011	1595		
(State or country under the law of which it is incorporated)			(FEI number, if applicable)		
08/04/2000	, ander the law of which it is meer pointed,	(i izi italiweti ii aji)	printed (*)		
/ Data	of incorporation) 5	(Date of duration, if other	thus sussatual)		
(17ate	of incorporation)	(Date of duration, it other	man perpetuar)		
	N H				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		tv)		
2 SOUTH BISCA	YNE BOULEVARD, #3760, MIAMI, FL 33131	• •	9)		
		office address)	<u> </u>		
	(Frincipal C	office address)			
	(0)	11			
	(Current maning a	address, if different)	, · · · · · · · · · · · · · · · · · · ·		
			e •		
Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	· • •		
Name:	KATHERINE WEST		, 10		
	2 SOUTH BISCAYNE BOULEVARD	_	•		
fice Address:					
fice Address:	MIAMI		in the second		

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:

	ECTORS KATHERINE WEST			
Chairman	2 SOUTH BISCAYNE, MIAMI, FL 33131			
Address:		<u> </u>		
Viou Chai	KATHERINE WEST			 -
	rman: 2 SOUTH BISCAYNE, MIAMI, FL 33131			
Address:				
Director:	KATHERINE WEST		<u></u>	
	2 SOUTH BISCAYNE, MIAMI, FL 33131			
Audicss.			<u>-</u>	,
Director:				
B. OFF	ICERS			
President:	KATHERINE WEST			
	2 SOUTH BISCAYNE, MIAMI, FL 33131			
Vice Pres	ident:		287	
		P -	, . .	•
			1 F 2	
Secretary:	KATHERINE WEST	,		,
Address:	2 SOUTH BISCAYNE, MIAMI, FL 33131	٠.	()	
Treasurer	WILLIAM LINDBERG	,	Γψ	
	2 SOUTH BISCAYNE, MIAMI, FL 33131			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and	or dire	etors.	
12	Signature of Director or Officer			
	eer or director signing this document (and who is listed in number 11 above) aftirms that the and that he or she is aware that false information submitted in a document to the Departmen			
a third do	egree felony as provided for in s.817.155, F.S.			
13. <u>Ka</u> n	THERINE WEST, EXECUTIVE VICE PRESIDENT			

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, CURATIVE BIOSCIENCES, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 4, 2000, and is in good standing in this state.

OF THE PARTY OF TH

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 22, 2017.

Ballons K. Cegerste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20171222-0903
You may verify this electronic certificate
online at http://www.nvsos.gov/