

(Re	questor's Name)	
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Date: 4/30/2018	Account#: 12000000088	
Name: Chris Vick		
Reference #: D317122		
Entity Name: NOVOGEN NA, INC.		
✓ Articles of Incorporation/Authorization to Transact Bus	siness	
Amendment		
Change of Agent	w i	
Reinstatement		
Merger		
Dissolution/Withdrawal		
Fictitous Name		
X Other X CERTIFICED COPY U	11ON FILING #	
Authorized Amount: 4155 Signature:		

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CORPORATE HQ
COGENCY GLOBAL INC.
ID E 46 - ST, 10 - FL
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800.221,0102
-1.212,947,7200

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COGENCYGLOBAL	115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM
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Reinstatement	64
Merger	
Dissolution/Withdrawal	
Fictitous Name	
Other	۲_ ,

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\$125 Authorized Amount: Signature:

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ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HONG KONG LAI TED COMPANY INFINITUS PLAZA, 12¹⁴ FL 199 DES VOEUX RD CENTRAL HONG KONG +852.3975.1803

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

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.

NOVOGEN NA, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavaila	ble in Florida, enter alternate corporate name adop	ted for the purpose of transact	ing business in Florida)
2.	Delaware 3.		
(State or country	under the law of which it is incorporated)	(FEI number, if	applicable)
١.	8/28/2017 5.		
(Date of	of incorporation)	(Date of duration, if oth	er than perpetual)
×			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,		ility)
	1415 28th Street, Suite 400, Wes	t Des Moines, IA 50266	
	(Principal o	ffice address)	
	(Current mailing ac	dress, if different)	B
. Name and street	address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	υ 0
Name:	COGENCY GLOBAL INC.	_	•
Office Address:	115 North Calhoun Street, Suite 4	-	در
	Tallahassee	Florida 32301	
	(City)	(Zip code)	

9. Registered agent's acceptance:

1.

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.

Justin Woods , Asst. Secretary (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:

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A. DIRECTORS			
Chairman:			_
Address:			
	· · · · · · · · · · · · · · · · · · ·		
Vice Chairman:			
Address:			
	See attached		
Address:			
Director:			
Address:	······		
B. OFFICERS			
President:	Frederic Grimaud	5018	
Address:	1415 28th Street, Suite 400, West Des Moines, IA 50266		1
		30	1
Vice President:	Amanda Koele	~	
Address:			-
	•	<u>ن</u> م	
Secretary:	Amanda Koele		
Address:	1415 28th Street, Suite 400, West Des Moines, IA 50266		
Treasurer:			

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors

inorn, n uguessary, you may a	mach an addendant to the application insting additional officers and/or directors.
12Mand	artoul
	Signature of Director or Officer
	his document (and who is listed in number 11 above) affirms that the facts stated herein are that false information submitted in a document to the Department of State constitutes d for in s.817.155, F.S.
13	Amanda Koele VP

13. _____

Address: _____

(Typed or printed name and capacity of person signing application)

Director: Frederic Grimaud

.

Address: 1415 28th St., Suite 400, West Des Moines, IA 50266

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Director: Mickael Le Helloco

Address: 1415 28th St., Suite 400, West Des Moines, IA 50266

Director: Amanda Koele

Address: 1415 28th St., Suite 400, West Des Moines, IA 50266

20 V 05 UT 1998 11



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOVOGEN NA, 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-SEVENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

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



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Authentication: 202599295 Date: 04-27-18

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SR# 20183122881 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1