

F18000002237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

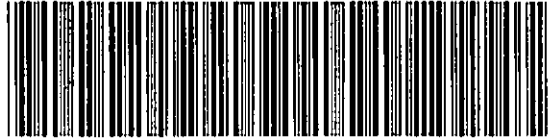
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/12/18--01020--005 **78.75

2018 MAY 10 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2018

SCOTT BARATTA
2336 SE OCEAN BLVD #373
STUART, FL 34996 US

SUBJECT: STUART THERAPEUTICS, INC.
Ref. Number: W18000034845

We have received your document for STUART THERAPEUTICS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 218A00007498

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stuart Therapeutics, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Scott Baratta

Name of Person

Stuart Therapeutics, Inc.

Firm/Company

2336 SE Ocean Boulevard, # 373

Address

Stuart, Florida 34996

City/State and Zip code

scottb@ascentasc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Baratta

772 485-7657

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
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. Stuart Therapeutics, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 82-5080028
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/19/2018 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2336 SE Ocean Boulevard, #373, Stuart, Florida 34996
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

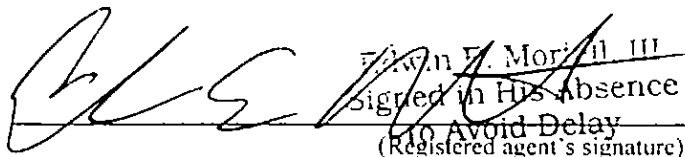
Name: Edwin E. Mortell, Esq.

Office Address: c/o Peterson Bernard, 416 Flamingo Avenue

Stuart 34996
(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.


Edwin E. Mortell III
Signed in His Absence
To Avoid Delay
(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.

2018 MAY 10 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

A. DIRECTORS

Chairman: Robert O. Baratta, MD

Address: 2336 SE Ocean Boulevard, #373
Stuart, Florida 34996

~~Vice Chairman:~~ Director: Eric Schlumpf

Address: 2336 SE Ocean Boulevard, #373
Stuart, Florida 34996

Director: Walter Flamenbaum

Address: 2336 SE Ocean Boulevard, #373
Stuart, Florida 34996

Director: Derek Van Wallegghem

Address: 2336 SE Ocean Boulevard, #373
Stuart, Florida 34996

B. OFFICERS

President: Eric Schlumpf

Address: 2336 SE Ocean Boulevard, #373
Stuart, Florida 34996

Vice President: Robert O. Baratta, MD

Address: 2336 SE Ocean Boulevard, #373
Stuart, Florida 34996

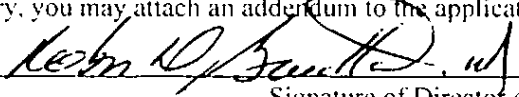
Secretary: Brian Del Buono

Address: 2336 SE Ocean Boulevard, #373, Stuart, FL 34996

Treasurer: Scott Baratta

Address: 2336 SE Ocean Boulevard, #373, Stuart, FL 34996

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

12. 
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.

13. ROBERT O. BARATTA, MD Chairman & Vice-President
(Typed or printed name and capacity of person signing application)

FILED
MAY 10 PM 3:10
CLERK OF COURT
ALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

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



6805891 8300

SR# 20182785196

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202600201

Date: 04-28-18