

F18000002390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

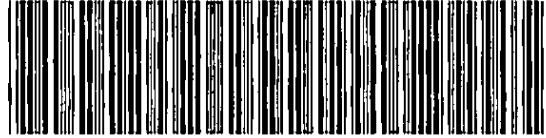
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/18/18--01016--021 **70.00

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SECRETARY OF STATE
FILING OFFICE

K. SALY

MAY 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Celcuity 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:

Vicky Hahne

Name of Person

Celcuity Inc

Firm/Company

16305 36th Ave N Suite 450

Address

Minneapolis, MN 55446

City/State and Zip code

Vhahne@Celcuity.com

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

For further information concerning this matter, please call:

Vicky Hahne

Name of Person

at (763)

Area Code

392-0107

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. Celcuity 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. 82-2863566
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/15-17 5. _____
(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. 16305 36th Ave N Suite 450, Minneapolis, MN 55446
(Principal office address)

(Current mailing address, if different)

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

Name: Larry Fitzgerald

Office Address: 8861 Star Haven Cove

Boynton Beach, - Florida 33473
(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.

Larry Fitzgerald
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: See attached list

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Vicky Hahne

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. Vicky Hahne

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

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TREASURY

Directors & Officers

First Name	Middle Name	Last Name	Street Address	City	State	Zip	Title
Brian	F	Sullivan	16305 36th Ave N Suite 450	Minneapolis	MN	55446	Chairman, CEO
Lance	G	Laing	16305 36th Ave N Suite 450	Minneapolis	MN	55446	Secretary and Treasurer
Richard		Nigon	445 Spring Hill Road	Wayzata	MN	55391	Director
David	F	Dalvey	510 First Ave N Suite 200	Minneapolis	MN	55345	Director
Maureen		Cronin	771 Anderson Drive	Los Altos	CA	94024	Director
Additional Officer							
Vicky	M	Hahne	16305 36th Ave N Suite 450	Minneapolis	MN	55446	CFO

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CELCUITY 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 FIRST DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CELCUITY INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2017.

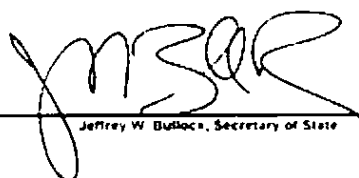
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DELAWARE



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SR# 20182973513

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202613375

Date: 05-01-18