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T. CLINE AUG 24 プゼ(を EXAMINER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195

REFERENCE: 360934 4320916

AUTHORIZATION : Cypull Class

COST LIMIT : \$70.00

ORDER DATE: August 23, 2018

ORDER TIME : 2:28 PM

ORDER NO. : 360934-005

CUSTOMER NO: 4320916

FOREIGN FILINGS

NAME: IMMUNSYS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

то:	Registration Section Division of Corporations			
CHDI	ImmunSYS, Inc.			
SUBJ		of corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stand	ling" and check are submitted to re	in Florida," gister the
Please	return all correspondence concerni	ng this matter	to the following:	
Corey	M. Habib			, हुन्दे ५-४
-		Name of F	Person	>> <u></u>
Dorsey	y & Whitney LLP			
	<u> </u>	Firm/Comp	pany	
51 W.	52nd St.	•	•	
		Addre	Sp.	••
New Y	York, NY 10019-6119	Addic	20	
		City/State an	d Zip code	
habib.	corey@dorsey.com			
	E-mail address	: (to be used fo	or future annual report notification)	
For fu	rther information concerning this m	atter, please c	all:	
Corey	Habib	978 at (423-9874	
	Name of Person	Area Code	Daytime Telephone Numb	er
	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclos	sed is a check for the following amo	ount:		
□ \$7	0.00 Filing Fee	_	Certified Copy Certif	O Filing Fee, ficate of Status & fied 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.

	orporation: must include "INCORPORATED." " orp." "Inc," "Co." or "Corp.")	COMPANY," "CORPORATION,"
n/a		
(If name unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)
Delaware	8.3	2-5189208
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
(Date	of incorporation)	(Date of duration, if other than perpetual)
n/a	The meet permitted,	, , ,
4801 Linton Boul	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 levard, Suite 11A, #471, Delray Beach, FL 33445	2, F.S., to determine penalty liability)
	(SEE SECTIONS 607.1501 & 607.1502 levard, Suite 11A, #471, Delray Beach, FL 33445	2, F.S., to determine penalty liability) office address)
	(SEE SECTIONS 607.1501 & 607.1502 levard, Suite 11A, #471, Delray Beach, FL 33445 (Principal	2, F.S., to determine penalty liability) office address)
	(SEE SECTIONS 607.1501 & 607.1502 levard, Suite 11A, #471, Delray Beach, FL 33445 (Principal	2, F.S., to determine penalty liability)
n/a	(SEE SECTIONS 607.1501 & 607.1502 levard, Suite 11A, #471, Delray Beach, FL 33445 (Principal	office address) address, if different)
n/a	(SEE SECTIONS 607.1501 & 607.1502 levard, Suite 11A, #471, Delray Beach, FL 33445 (Principal (Current mailing) et address of Florida registered agent: (P.O.	2, F.S., to determine penalty liability) office address) address, if different) Box NOT acceptable)
n/a	(SEE SECTIONS 607.1501 & 607.1502 levard, Suite 11A, #471, Delray Beach, FL 33445 (Principal	2, F.S., to determine penalty liability) office address) address, if different) FOR NOT acceptable)
n/a Name and <u>stree</u> Name:	(SEE SECTIONS 607.1501 & 607.1502 levard, Suite 11A, #471, Delray Beach, FL 33445 (Principal (Current mailing) et address of Florida registered agent: (P.O.	2, F.S., to determine penalty liability) office address) address, if different) Box NOT acceptable)
n/a Name and <u>stree</u> Name:	(SEE SECTIONS 607.1501 & 607.1502 levard, Suite 11A, #471, Delray Beach, FL 33445 (Principal (Current mailing et address of Florida registered agent: (P.O. Corporations Service Company 1201 Hays St.	2, F.S., to determine penalty liability) office address) address, if different) Box NOT acceptable)
n/a Name and stree	(SEE SECTIONS 607.1501 & 607.1502 levard, Suite 11A, #471, Delray Beach, FL 33445 (Principal (Current mailing et address of Florida registered agent: (P.O. Corporations Service Company 1201 Hays St. Tallahassee	2, F.S., to determine penalty liability) office address) address, if different) Box NOT acceptable)

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.

> Roxanne Turner Asst. Vice President

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: A. DIRECTORS Please see Addendum I Chairman: Vice Chairman: Address: ____ Address: Director: __ **B. OFFICERS** Please see Addendum l President: Address: ____ Vice President: Secretary: Address: Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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

13. Joseph Girardi, Executive Vice-President & Chief Financial Officer

a third degree felony as provided for in s.817.155, F.S.

Addendum I

List of Directors and Officers

Directors

<u>Title</u> Name

Director Gary Onik, M.D.

4801 Linton Blvd. Suite 11A, #471

Delray Beach, Florida 33445

Eamonn P. Hobbs Director

4801 Linton Blvd. Suite 11A, #471

Delray Beach, Florida 33445

Officers

Name Title

Chairman, Chief Executive Officer and Eamonn P. Hobbs

President 4801 Linton Blvd.

Suite 11A, #471

Delray Beach, Florida 33445

Executive Vice President, Chief Financial Joseph G. Gerardi

4801 Linton Blvd. Officer, Treasurer and Secretary

Suite 11A, # 471

Delray Beach, Florida 33445

Executive Vice President and Chief Medical Gary Onik

4801 Linton Blvd. Officer

Suite 11A, #471

Delray Beach, Florida 33445

Executive Vice President and Chief Marlene Wright-Barton

Regulatory & Compliance Officer

4801 Linton Blvd. Suite 11A, # 471 Delray Beach, Florida 33445

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "IMMUNSYS, 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 TENTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMMUNSYS, INC."

WAS INCORPORATED ON THE TENTH DAY OF APRIL, A.D. 2018.

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

Authentication: 203037865

Date: 07-10-18

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SR# 20185591215