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10/5/2018

**F18000004632**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H180002903143))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Plexensebio Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
PLEXENSEBIO INC

**SUBJECT:** \_\_\_\_\_  
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:  
GIBUM KIM

PLEXENSEBIO INC	Name of Person
1450 DREW AVE STE 150	Firm/Company
DAVIS, CA 95618	Address
g.kim@plexense.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

YOUSEAN LEE	530	564-4692
_____	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:

- |                                             |                                                                        |                                                                 |                                                                                           |
|---------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.*

PLEXENSEBIO INC

1. \_\_\_\_\_  
(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)  
CALIFORNIA 82-2601640

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
8/23/2017 PERPETUAL

4. \_\_\_\_\_ 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)  
JF/TFAS #310 2199 S. ROCK RD. FORT PIERCE, FL 34945-3188

7. \_\_\_\_\_  
(Principal office address)  
1450 DREW AVE STE 150, DAVIS, CA 95618

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: SEE ATTACHED

Office Address: \_\_\_\_\_

\_\_\_\_\_, Florida \_\_\_\_\_  
(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.*

SEE ATTACHED

\_\_\_\_\_  
(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.

FILED  
2018 OCT -5 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

GIBUM KIM

Chairman:

1450 DREW AVE STE 150, DAVIS, CA 95618

Address:

Vice Chairman:

Address:

GIBUM KIM

Director:

1450 DREW AVE STE 150, DAVIS, CA 95618

Address:

YOUSEAN LEE

Director:

1450 DREW AVE STE 150, DAVIS, CA 95618

Address:

B. OFFICERS

GIBUM KIM

President:

1450 DREW AVE STE 150, DAVIS, CA 95618

Address:

GIBUM KIM

Vice President:

1450 DREW AVE STE 150, DAVIS, CA 95618

Address:

YOUSEAN LEE

Secretary:

1450 DREW AVE STE 150, DAVIS, CA 95618

Address:

GIBUM KIM

Treasurer:

1450 DREW AVE STE 150, DAVIS, CA 95618

Address:

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

12.

*Gibum Kim*  
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.

GIBUM KIM, PRESIDENT

13.

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

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2018 OCT -5 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF FLORIDA**

**REGISTERED AGENT CONSENT FORM**

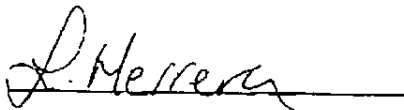
**DATE:** 10/4/2018

**ENTITY NAME:** PLEXENSEBIO INC

**REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Leticia Herrera, Assistant Secretary  
Paracorp Incorporated

**FILED**  
2018 OCT -5 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FL 09101

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

ENTITY NAME:

PLEXENSEBIO INC

FILE NUMBER: C4057521  
FORMATION DATE: 08/23/2017  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of October 03, 2018.

ALEX PADILLA  
Secretary of State