

F19000001509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

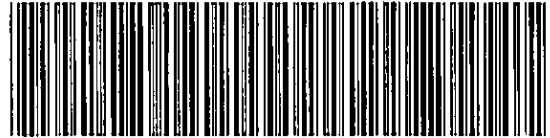
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

per Trace Change K name  
on 3/28/19 also change name  
to match cert, & EIN#

K name W19-26542

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03/05/19--01024--006 \*\*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
MAR 28 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2019

TRACIE MELCHIOR  
111 MAIN ST, STE 660  
VAN COUVER, WA 98660

SUBJECT: CYTODYN INC.  
Ref. Number: W19000026542

We have received your document for CYTODYN INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return 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.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 419A00005392

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CYTODYN 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:

TRACIE L. MELCHIOR  
Name of Person

CYTODYN INC.  
Firm/Company

1111 MAIN ST., SUITE 660  
Address

VAN COUVER, WA 98660  
City/State and Zip code

tmelchior@cytodyn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACIE L. MELCHIOR at ( 360 ) 980-8524 x5  
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. Cyrodyn Operations 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. DE 3. 75-3056237  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 27, 2015 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. BROWARD FINANCIAL CENTRE 500 EAST BROWARD BLVD.  
(Principal office address) SUITE 1870  
FORT LAUDERDALE, FL  
\_\_\_\_\_  
(Current mailing address, if different) 33301

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

Name: C T CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND RD  
PLANTATION, Florida 33324  
(City) (Zip code)

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FLORIDA

**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.*

C T Corporation System

Phally Sea

Phally Sea, 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:

**A. DIRECTORS**

*PLEASE SEE ATTACHED*

Chairman: \_\_\_\_\_

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.  \_\_\_\_\_

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. MICHAEL D. MCILHENNY, CHIEF FINANCIAL OFFICER

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

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NOTES  
TALLAHASSEE, FLORIDA



A. Directors

**Nader Pourhassan, Ph.D.**  
**Director, President and CEO**  
1111 Main Street, Suite 660  
Vancouver, Washington 98660

**Scott A. Kelly, M.D.**  
**Chairman**  
1111 Main Street, Suite 660  
Vancouver, Washington 98660

**Richard G. Pestell, MD, PhD, MBA, FACP, FRS of Medicine FRACP**  
**Vice Chairman**  
1111 Main Street, Suite 660  
Vancouver, Washington 98660

**Carl C. Dockery**  
**Director**  
1111 Main Street, Suite 660  
Vancouver, Washington 98660

**Gregory A. Gould, CPA**  
**Director**  
1111 Main Street, Suite 660  
Vancouver, Washington 98660

**Jordan G. Naydenov**  
**Director**  
1111 Main Street, Suite 660  
Vancouver, Washington 98660

**David F. Welch, Ph.D.**  
**Director**  
1111 Main Street, Suite 660  
Vancouver, Washington 98660

**Michael A. Klump**  
**Director**  
1111 Main Street, Suite 660  
Vancouver, Washington 98660

B. Officers

**Michael D. Mulholland**  
Chief Financial Officer  
1111 Main Street, Suite 660  
Vancouver, Washington 98660

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CLERK OF STATE  
TALLAHASSEE, FL 32304

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "CYTODYN OPERATIONS 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 SEVENTEENTH DAY OF DECEMBER, A.D.  
2018.



5668246 8300

SR# 20188194016

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "JEFFREY W. BULLOCK, SECRETARY OF STATE" is printed in small letters.

Authentication: 204121316

Date: 12-17-18