

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

2019 APR 26 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: documents@incorp.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
NIVAGEN PHARMACEUTICALS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

Y SCOTT
APR 29 2019

APR/25/2019/TEU 02:35 PM INCORP

FAX No. 702-866-2689

P. 002/007

From: TA:10.55.06.9.40048

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Date: 4/15/2019 12:04:30 PM

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April 15, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INCORP SERVICES INC

SUBJECT: NIVAGEN PHARMACEUTICALS, INC.
REF: W19000037241

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certificate submitted is for another company. The certificat says "COSTRENDS INC.".,

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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H19000121509
Letter Number: 519A00007585

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TALLAHASSEE, FLORIDA

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(H190001215093)

COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** Nivagen Pharmaceuticals, 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:

Megan Bessey	FILED 2019 APR 26 PM 4:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Name of Person	
InCorp Services, Inc.	
Firm/Company	
3773 Howard Hughes Pkwy. Suite 500S	
Address	
Las Vegas, NV 89169-6014	
City/State and Zip code	
managedreports@incorp.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Megan Bessey for InCorp Services, Inc.	at	702	866-2500
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

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**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.*

NIVAGEN PHARMACEUTICALS, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/1/2009 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. 4/1/2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3050 Fire Circle, Ste.100., Sacramento, CA 95827
(Principal office address)
- _____ (Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.

Megan Bessey

Megan Bessey on behalf of InCorp Services, Inc.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jwalant Shukla

Address: 3050 Fire Circle, Ste 100

Sacramento, CA 95827

Director: Ashish Sevak

Address: 3050 Fire Circle, Ste 100

Sacramento, CA 95827

B. OFFICERS

President: Jwalant Shukla

Address: 3050 Fire Circle, Ste 100

Sacramento, CA 95827

Vice President: _____

Address: _____

Secretary: Jwalant Shukla

Address: 3050 Fire Circle, Ste 100, Sacramento, CA 95827

Treasurer: Jwalant Shukla

Address: 3050 Fire Circle, Ste 100, Sacramento, CA 95827

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. Jwalant Shukla, President

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(H190001215093)

Florida Department of State
Registration Section
Division of Corporations

Application by Foreign Corporation for Authorization to
Transact Business in Florida

NIVAGEN PHARMACEUTICALS, INC.
(continued)

Item number 11A – Names and business addresses of Directors:

Sharad Dadbhawale
3050 Fire Circle, Ste 100
Sacramento, CA 95827

Bikramjit Singh
3050 Fire Circle, Ste 100
Sacramento, CA 95827

Jaswinder Matharu
3050 Fire Circle, Ste 100
Sacramento, CA 95827

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NIVAGEN PHARMACEUTICALS, 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 TWELFTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NIVAGEN PHARMACEUTICALS, INC." WAS INCORPORATED ON THE FIRST DAY OF DECEMBER, A.D. 2009.

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


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TALLAHASSEE, FLORIDA



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SR# 20192788695

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202632747

Date: 04-12-19

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