

F19000002812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

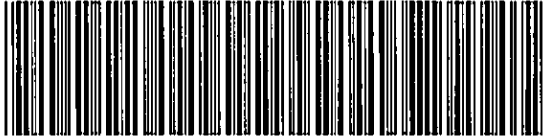
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600329401026

05/24/19--01018--003 **70.00

FILED
MAY 24 AM 11:11

Z BROWN
JUN 18 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BioNebicine Corp.

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:

Dr. Donald Pell

Name of Person
BioNebicine Corp.

Firm/Company
PO Box 7487

Address
St. Petersburg, FL 33734

City/State and Zip code
erwin.vahlsing@bionebicine.com

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

For further information concerning this matter, please call:

Erwin Vahlsing, Jr. 401 648-0695

Name of Person at () 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

6 1/7

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. BioNebicine Corp.
(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)
Nevada 82-4953381

2. (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

4. March 26, 2018 (Date of incorporation) 5. (Date of duration, if other than perpetual)

6. N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4820 5th Avenue N., St. Petersburg, FL 33713 (Principal office address)

PO Box 7487, St. Petersburg, FL 33734 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Dr. Govindan Nair
Office Address: 4820 5th Avenue N.
St. Petersburg, Florida 33713
(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.

(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 stamp

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

A. DIRECTORS

Chairman: Dr. Donald Pell

Address: 4820 5th Avenue N.

St. Petersburg, FL 33713

Vice Chairman: Dr. Govindan Nair

Address: 4820 5th Avenue N.

St. Petersburg, FL 33713

Director: Paul Messina

Address: 4820 5th Avenue N.

St. Petersburg, FL 33713

Director: _____

Address: _____

B. OFFICERS

President: Dr. Donald Pell

Address: 4820 5th Avenue N.

St. Petersburg, FL 33713

Vice President: Dr. Govindan Nair

Address: 4820 5th Avenue N.

St. Petersburg, FL 33713

Secretary: Dr. Govindan Nair


Address: 4820 5th Avenue N., St. Petersburg, FL 33713

Treasurer: Paul Messina

Address: 4820 5th Avenue N., St. Petersburg, FL 33713

FILED
MAY 11 2011
ST. PETERSBURG, FL

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. Dr. Donald Pell

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

SECRETARY OF STATE

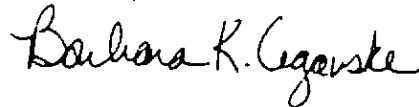


CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

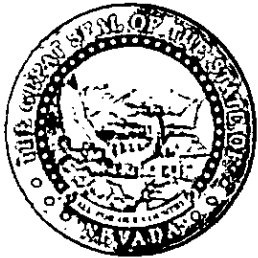
I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BIONEVICINE CORP.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 26, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 17, 2019.



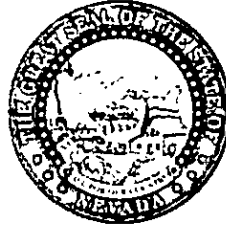
Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20190517-0889

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State



Commercial Recordings Division

202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Erwin Vahlsing
XBRL Associates, Inc.
PO Box 19652.
Johnston, RI 02919

Job: C20190517-0889
May 17, 2019

Special Handling Instructions:

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Cert of Existence (good standing - short form)	20180134648-47	3/26/2018 8:00:24 AM	1	\$50.00	\$50.00
Total					\$50.00

Payments

Type	Description	Amount
Credit	01758Gj5581195685296729103090	\$50.00
Total		\$50.00

Credit Balance: \$0.00

Job Contents:

Web Certificate of Good Standing 1
Short

Erwin Vahlsing
XBRL Associates, Inc.
PO Box 19652.
Johnston, RI 02919

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State



Commercial Recordings Division

202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Erwin Vahlsing
NBRL Associates, Inc.
PO Box 19652
Johnston, RI 02919

Job:C20190517-0888
May 17, 2019

Special Handling Instructions:

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Amended List	20190214969-43	5/17/2019 11:59:32 AM	1	\$300.00	\$300.00
Total					\$300.00

Payments

Type	Description	Amount
Credit	01662G 5581195679496728903090	\$300.00
Total		\$300.00

Credit Balance: \$0.00

Job Contents:

File Stamped Copy 1

Erwin Vahlsing
NBRL Associates, Inc.
PO Box 19652
Johnston, RI 02919

(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS LICENSE APPLICATION OF:

ENTITY NUMBER

E0150362018-7

BIONEUBICINE CORP.
NAME OF CORPORATION

FOR THE FILING PERIOD OF MAR. 2019 to MAR. 2020



100103

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20190214969-43 Filing Date and Time 05/17/2019 11:59 AM Entity Number E0150362018-7
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Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED**
- If there are additional officers, attach a list of them to this form.
- Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
- State business license fees \$500.00-\$200.00 for Professional Corporations filed pursuant to NRS Chapter 89. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

(This document was filed electronically.)
ABOVE SPACE IS FOR OFFICE USE ONLY

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: NRS 76.020 Exemption Codes
 001 - Governmental Entity
 006 - NRS 680B 020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

This corporation is a publicly traded corporation. The Central Index Key number is:

This publicly traded corporation is not required to have a Central Index Key number.

NAME DR. DONALD PELL	TITLE(S) PRESIDENT (OR EQUIVALENT OF)	CITY ST PETERSBURG	STATE FL.	ZIP CODE 33713
ADDRESS 4820 5TH AVE. N				
NAME DR. GOVINDAN NAIR	TITLE(S) SECRETARY (OR EQUIVALENT OF)	CITY ST PETERSBURG	STATE FL.	ZIP CODE 33713
ADDRESS 4820 5TH AVE. N				
NAME PAUL MESSINA	TITLE(S) TREASURER (OR EQUIVALENT OF)	CITY ST PETERSBURG	STATE FL.	ZIP CODE 33713
ADDRESS 4820 5TH AVE. N				
NAME DR. GOVINDAN NAIR	TITLE(S) DIRECTOR	CITY ST PETERSBURG	STATE FL.	ZIP CODE 33713
ADDRESS 4820 5TH AVE. N				

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X ERW W VAHLSING JR
Signature of Officer or
Other Authorized Signature

Title
CHIEF COMPLIANCE OFFICER
Date
5/17/2019 11:59:30 AM

(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS AND DIRECTORS OF:
BIONEUBICINE CORP.

ENTITY NUMBER
 E0150362018-7

NAME DR. DONALD PELL	TITLE(S) DIRECTOR		
ADDRESS 1820 5TH AVE. N	CITY ST PETERSBURG	STATE FL	ZIP CODE 33713
NAME PAUL MESSINA	TITLE(S) DIRECTOR		
ADDRESS 1820 5TH AVE. N	CITY ST PETERSBURG	STATE FL	ZIP CODE 33713
NAME	TITLE(S)		
ADDRESS	CITY	STATE	ZIP CODE
NAME	TITLE(S)		
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