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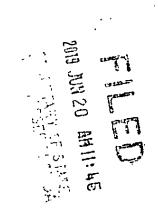
(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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BRUCE 2019

COVER LETTER

TO:	Registration Section					
	Division of Corporations DonorCure Inc.					
SUBI	JECT:					
~~0		ne of corporation	- must include suffix		-	-
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign ficate of Existence," or "Certific referenced foreign corporation to	ate of Good Stan	ding" and check are subn			
Please Sergio	e return all correspondence conce Avraham	eming this matter	to the following:			
Donor	Cure Inc.	Name of	Person			-
605 S	E I ST Ave. Ste D	Firm/Com	pany			-
Deyra	y Beach, Florida 33444	Addro	rss			-
sergio	avraham@donoreure.com	City/State a	nd Zip code			-
	E-mail add	ress: (to be used f	or future annual report no	otification)		-
For fu	orther information concerning thi	s matter, please o	all:			١.
Sergio Avraham		617	610-1599		2919	
		at (_)	<u>.</u>	' '	1 6
Name of Person		Area Cod	e Daytime Teleph	one Number 5.1	H 20 AN	
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		ESS:	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		H: 18	The same of the sa
Enclo	sed is a check for the following	amount:				
□ \$7	0.00 Filing Fee	iling Fee & te of Status	\$78.75 Filing Fee & Certified Copy	\$87,50 Filing Certificate of Certified Cop	f Status	s &

'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. DonorCure Inc. 1. (Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") thedonorcure (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) 5/28/2019 (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 605 SE 18T Ave., Ste D, Delray Beach, FL33444 (Principal office address) 4720 NW 2ND Ave., D104, Boca Raton, Fl 33431 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Sergio Avraham Name: 4720 NW 2ND Ave., D104 Office Address: Boca Raton 33431 . 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. (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.

A. DIRECTORS Chairman: Address: _____ Vice Chairman: Address: Director: _ Address: Director: **B. OFFICERS** Sergio Avraham President: 4720 NW 2ND Ave., D104, Boca Raton, FL 33431 Address: _ Vice President: Address: Address: Steve Williams Treasurer: 7999 North Federal Hwy., Suite 400, Boca Raton, Fl 33487 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 a third degree felony as provided for in s.817.155, F.S. Sergio Avraham, President SERGIO AVRAHAM PRESIDENT

(Typed or printed name and capacity of person signing application) 13. _

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

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DONORCURE, 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 SIXTH DAY OF JUNE, A.D. 2019.



Authentication: 202976157

Date: 06-06-19

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