

F19000004145

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TALLAHASSEE, FLORIDA

Y SCOTT

SEP 10 2019

✓



12130940

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 6, 2019

CT CORP

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: PHOTONX THERAPEUTX, INC.  
Ref. Number: W19000081323

We have received your document for PHOTONX THERAPEUTX, INC. and your check(s) totaling \$1178.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$150.00.

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.

Yvette Scott  
Document Specialist II

Letter Number: 719A00018391

**CT CORP**  
**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

**Date:** 9/5/2019  
Acc#I20160000072

*mic DW*

Name:	PHOTONX THERAPEUTX, INC.
Document #:	
Order #:	12130940

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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THIS ENTITY HAS BEEN  
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Amount: \$ **1178.75**

+ 150.00  

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1328.75

Thank you!

**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. PhotonX TherapeutX, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Not applicable.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 47-1678652  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 14, 2014 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. September 5, 2014  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 640 Brooker Creek Blvd., Suite 455, Oldsmar, Florida 34677  
(Principal office address)

Same  
(Current mailing address, if different)

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

Name: Kenneth Beres

Office Address: 640 Brooker Creek Blvd., Suite 455

Oldsmar , Florida 34677  
(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.*

Kenneth A Beres  
(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**

Chairman: J. Keet Lewis ✓

Address: 640 Brooker Creek Blvd., Suite 455, Oldsmar, Florida 34677

Vice Chairman: None.

Address:

Director: Kenneth Beres, Russ Ramsland, Nick Foley, Dan Grotenhuis and Phil Grace ✓ ✓ ✓ ✓ ✓

Address: 640 Brooker Creek Blvd., Suite 455, Oldsmar, Florida 34677

Director:

Address:

**B. OFFICERS**

President: Kenneth Beres ✓

Address: 640 Brooker Creek Blvd., Suite 455, Oldsmar, Florida 34677

Vice President: None

Address: 640 Brooker Creek Blvd., Suite 455, Oldsmar, Florida 34677

Secretary: Christopher McNeill ✓

Address: 640 Brooker Creek Blvd., Suite 455, Oldsmar, Florida 34677

Treasurer: J. Keet Lewis ✓

Address: 640 Brooker Creek Blvd., Suite 455, Oldsmar, Florida 34677

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

12. Kenneth A Beres

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. Kenneth Beres, CEO

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

2019 SEP -6 PM 4:49  
SECRET  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHOTONX THERAPEUTX, 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 FIFTH DAY OF SEPTEMBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2019 SEP -6 PM 4:49  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



5586929 8300B

SR# 20196883360

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 "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203535885

Date: 09-05-19