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(Requesto	ır's Name)
(Address)	<u>-</u>
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
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COVER LETTER

TO:	Registration Sec Division of Corp								
SUBJ	Islet Science	ces, Inc.							
SODA	ECT	Name	of corporation	ı - must inclu	de suffix		<u>.</u>	•	-
Dear S	Sir or Madam:								
"Certif	nclosed "Application ficate of Existence referenced foreign	," or "Certifica	te of Good Stai	nding" and ch	neck are sub				
	return all correspo febbroriello	indence concer	ning this matte	r to the follov	ving:				
			Name of	Person					-
JPF Se	curities Law, LLC								
1920 N	AcKinney Ave., Sev	enth Floor	Firm/Con	npany					-
	· -		Addr	ess					-
Dallas,	TX 75201							D.3	
jaredfe	bb@jpfsecurities.co		City/State a	nd Zip code				Zelis oc	197
		E-mail addres	ss: (to be used	for future and	nual report	notification)			
For fur	ther information c	oncerning this	matter, please o	call:			••	2	1.00
Jared Febbroriello		646 at (807-9094)			_ ,	: 2		
	Name of Person		Area Cod	e Day	time Telep	hone Number			
	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	tion orations Center Circle	SS:	Re Div P.C	AILING A gistration S vision of Co D. Box 632' llahassee, F	Section orporations 7			
Enclos	ed is a check for the	he following an	iount:						
\$ \$70	0.00 Filing Fee	☐ \$78.75 Fili Certificate	~	1 \$78.75 Fili Certified C	-	☐ \$87.50 Ecrtific	ate of	Status	&

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.

(If name image)	Johle in Elerida, enter alternata cornerata nom	adopted for the manage of transporting business	no in Diozida		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Nevada 87-0531751					
2. 3. (State or country under the law of which it is incorporated) (FEI number, if app 9/14/1994					
4(Da	te of incorporation) 5	(Date of duration, if other than per	(Date of duration, if other than perpetual)		
ó					
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)			
2360 Corporate	Circle - Suite 400, Henderson, NV 89074	• • • • • • • • • • • • • • • • • • • •			
` <u>-</u>	(Princ	ipal office address)			
			7		
	(Current mail	ing address, if different)	· 28		
3. Name and <u>stre</u>	(Current mail		26 00T 16		
			91 130		
Name:	eet address of Florida registered agent: (P		007 16		
	Pet address of Florida registered agent: (P Patricia A. Floyd 13916 Bramble Bush Ct. Orlando	O. Box NOT acceptable)	OCT 16 PK		
Name:	Peet address of Florida registered agent: (P Patricia A. Floyd 13916 Bramble Bush Ct. Orlando	O. Box <u>NOT</u> acceptable) Florida	i 84 91 130		
Name: Office Address:	Patricia A. Floyd 13916 Bramble Bush Ct. Orlando (City)	O. Box NOT acceptable)	i 84 91 130		
Name: Office Address: Office Address: Office Address: Office Address: Office Address:	Patricia A. Floyd 13916 Bramble Bush Ct. Orlando (City) gent's acceptance: med as registered agent and to accept ser	O. Box NOT acceptable) Florida 32832	FR :: 21		
Name: Office Address: Office Address:	Patricia A. Floyd 13916 Bramble Bush Ct. Orlando (City)	O. Box NOT acceptable) Florida 32832 (Zip code) vice of process for the above stated corpo timent as registered agent and agree to acceptative to the proper and complete perfe	ration at the place tin this capacity.		
Name: Office Address: Office Address:	Patricia A. Floyd 13916 Bramble Bush Ct. Orlando (City) gent's acceptance: med as registered agent and to accept ser is application, I hereby accept the appoin comply with the provisions of all statutes	O. Box NOT acceptable) Florida 32832 (Zip code) vice of process for the above stated corpo timent as registered agent and agree to acceptative to the proper and complete perfe	ration at the place tin this capacity.		

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. DIRE	John F Steel							
	2360 Corporate Circle, Suite 400							
	Henderson, NV 89074							
Vice Chair	rman:							
Address:								
Director:				<u></u>				
Director:								
Address:				<u> </u>				
B. OFFI	CERS							
President:		ξ,	~>					
Address:	2360 Corporate Circle, Suite 400		118	.				
	Henderson, NV 89074	•	-	• • •				
Vice Presi	John F Steel dent:		On Th	d 1* .				
	2360 Corporate Circle, Suite 400, Henderson, NV 89074	:	::T					
	John F Steel	• •	2					
Secretary:	2360 Corporate Circle, Suite 400. Henderson, NV 89074		.					
Address: _	John F Steel							
	2360 Corporate Circle, Suite 400, Henderson, NV 89074							
NOTE: 4	If necessary, you may attach an addendum to the application listing additional officers and/o hn F Steel	r direc	tors.					
The office are true at a third dep	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the nd that he or she is aware that false information submitted in a document to the Department gree felony as provided for in s.817.155, F.S. F Steel	facts st	ated he	erein titutes				

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected 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, corporations sole, 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. **ISLET SCIENCES, INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/14/1994, and is in good standing in this state.

Certificate Number: B20191003267824 You may verify this certificate online at http://www.nvsos.gov IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/03/2019.

Barbara K. Cigarske BARBARA K. CEGAVSKE

Secretary of State