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DATE: 4/27/20

NAME: BIOPROTECHT, INC.

TYPE OF FILING: APPLICATION

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: BioProtecht, 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:

Elisia Millett Name of Person Hutchison PLLC Firm/Company 3110 Edwards Mill Road, Suite 300 Address Raleigh, NC 27612 City/State and Zip code . jncatanzaro@yahoo.com <u>ب</u> E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>919</u>) Area Code Elisia Millett 829-4307 Davtime Telephone Number Name of Person

STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy

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	BioProtecht,	Inc

. ..

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

Delaware	3.		
(State or countr	y under the law of which it is incorporated) 3.	(FEI number, if applicabl	e)
April 14, 2020	5.		
(Date	of incorporation) 5.	(Date of duration, if other than pe	rpetual)
<u> </u>			
	(Date first transacted business in	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
3954 Cordova Av	renue, Jacksonville, FL 32207		
		e <u>street</u> address)	~~~
	(Current mailing	g address, if different)	-
Name and stree	t address of Florida registered agent: (P.O	Box NOT acceptable)	
Functing <u>succ</u>	John N. Catanzaro	box <u>rior</u> acceptible)	-
Name:			
ffice Address:	3954 Cordova Ave		د ۲
	Jacksonville	, Florida 32207	
	(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.

John N. Cotanzaro (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

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□Chairman	John N. Catanzaro	□Chairman	Christopher Batich
□Vice Chairman	3954 Cordova Ave	□Vice Chairman	Address:
Director	Jacksonville, FL 32207	Director	Gainesville, FL 32606
President		President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
CEO	Other	CRO	Other
□Chairman	Alexander Parker		Name:
□Vice Chairman	2709 Madrid Street		Address;
Director	Jacksonville Beach, FL 32250	Director	
□President		□President	
DVice President		□Vice President	
□Secretary	Treasurer	□Secretary	
■Other	Other	□Other	Other
			-1
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	<u>→</u>
President		President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	
Other	[]Other	DOther	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.	John N. Cotansaro
	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. John N. Catanzaro, President and CEO

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOPROTECHT, 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 TWENTY-SEVENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIOPROTECHT, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF APRIL, A.D. 2020.

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

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SR# 20203167043 You may verify this certificate online at corp.delaware.gov/authver.shtml