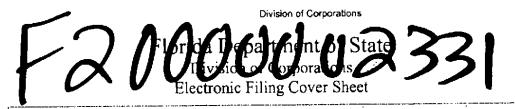
5/21/2020



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

FOREIGN PROFIT/NONPROFIT CORPORATION **NEUROFINE CORP.**

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Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$87.50

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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 unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	_
Delaware	3.	(FEI number, if applicable)	_
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
			_
(Date	of incorporation)	(Date of duration, if other than perpetual)	2020 Kg. 21 Pil 9: 56 e place pacity. I my duties,
	(Date first transacted business i		_
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
11611 Interchang	e Circle South		
·	(Principal of	fice street address)	20
Miramer, FL 330		(61/174)	407
	(Current mail)	ing address, if different)	7
3. Name and stre	et address of Florida registered agent: (P.	.O. Box <u>NOT</u> acceptable)	
Name:	CT Corporation		
000 . 111	1200 S. Pine Island Rd. #250		**
Office Address:	Plantation	Harida 33324	9
	(City)	, Florida 33324 (Zip code)	
	(City)		
	(City) gent's acceptance:		

^{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.

T	Ο,	

A. DIRECTORS	Marc Litzenberg	Date:	Name: Ajay Wakhloo		
□ Chairman	Name:	□Chairman			
□Vice Chairman	Address:	□Vice Chairman	Address:		
■ Director	Director 11611 Interchange Circle South		11611 Interchange Circle South		
■ President	Miramar, FL 33025	□President	Miramar, FL 33025	. <u>.</u>	
□Vice President		□Vice President			
Secretary	☐Treasurer	Secretary	□lr	casurer	
Other CEO	□ Other	Other	dical Off	her	
□Chairman	Daniel Sablyak Name:	□Chairmun	John McElene Name:	ey .	. <u> </u>
☐ Vice Chairman	Address:	□Vice Chairman Address:			
Director	11611 Interchange Circle South		11611 Interchange Circle South		
President	Miramar, FL 33025	□President			
□Vice President		□Vice President			
☐ Secretary	☐ Treasurer	Secretary	a r	reasurer	
□Other	□ Other	□Other		ther	
☐ Chairman	Bernardo Navarro	□ Chairman	Name: John D. Patterson, Jr.		
⊡Vice Chairman	Address:	□Vice Chairman			211210
Director	11611 Interchange Circle South	□Director	155 Seaport Blvd.		
President	Miramar, FL 33025	□President	Boston, MA 02210		:: 2
□Vice President		□Vice President			<u> </u>
Secretary	"Treasurer	□Secretary	□.	Freasurer	<u>ب</u>
CFO	□Other	Assistar	t Secretar 🔲)ther	9.5

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.

Signature of Director or Officer

Page 1

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

DELAWARE, DO HEREBY CERTIFY "NEUROFINE CORP." 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-FIRST DAY OF MAY, A.D. 2020.

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

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Authentication: 202970441

Date: 05-21-20

SR# 20204324085
You may verify this certificate online at corp.delaware.gov/authver.shtml