

5/21/2020

Division of Corporations

F2000002331Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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Corporate Filing Menu

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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.*

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 85-0980331
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 11, 2020 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 11611 Interchange Circle South
(Principal office street address)
Miramar, FL 33025
(Current mailing address, if different)

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

Name: CT Corporation
Office Address: 1200 S. Pine Island Rd. #250
Plantation, Florida 33324
(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.

CT Corporation

By: _____

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2020 MAY 21 PM 9:56

A. DIRECTORS

☐ Chairman Name: Marc Litzenberg

☐ Vice Chairman Address: _____

☒ Director 11611 Interchange Circle South

☒ President Miramar, FL 33025

☐ Vice President _____

☒ Secretary ☐ Treasurer

☒ Other CEO ☐ Other _____

☐ Chairman Name: Daniel Sablyak

☐ Vice Chairman Address: _____

☒ Director 11611 Interchange Circle South

☐ President Miramar, FL 33025

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Bernardo Navarro

☐ Vice Chairman Address: _____

☐ Director 11611 Interchange Circle South

☐ President Miramar, FL 33025

☐ Vice President _____

☐ Secretary ☒ Treasurer

☒ Other CFO ☐ Other _____

☐ Chairman Name: Ajay Wakhloo

☐ Vice Chairman Address: _____

☒ Director 11611 Interchange Circle South

☐ President Miramar, FL 33025

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Chief Medical Officer ☐ Other _____

☐ Chairman Name: John McElaney

☐ Vice Chairman Address: _____

☒ Director 11611 Interchange Circle South

☐ President Miramar, FL 33025

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: John D. Patterson, Jr.

☐ Vice Chairman Address: _____

☐ Director 155 Seaport Blvd.

☐ President Boston, MA 02210

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Assistant Secretary ☐ 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.

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.

Delaware

The First State

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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.

2020 MAY 21 PM 9:56



7895619 8300

SR# 20204324085

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202970441

Date: 05-21-20