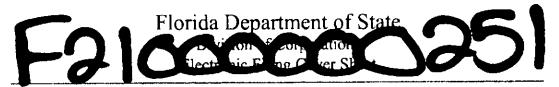
1/6/2021

Division of Corporations



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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

ire F

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

Email Address:	
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FOREIGN PROFIT/NONPROFIT CORPORATION

BioStrategic Therapeutics, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Requesting the original filing date of 1/6/21. Thank you!

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 3 of 5

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.

	heraneutics Inc. corporation; must include "INCORPORATED," "	COMPANY " "CORPORATION"	
"Inc" "Co" "(Corp," "Inc," "Co." or "Corp.")	COMPLY, CONTONY,	
lf name unavai Delaware	lable in Florida, enter alternate corporate name add	_	, and the second
Para	3	(FEI number, if appl	
(State or count 10/7/2020	ry under the law of which it is incorporated)	(FEI number, if appl	icable)
	5.		
(Date of incorporation) 5.		(Date of duration, if other th	an perpetual)
10/7/2020			
· -	(Principal	office address)	
	(Curront mailing	iddress, if different)	
	(Cartell maning a	iodiess, ii different)	
M I A		S 31070	ALL IZION
vame and <u>stree</u>	et address of Florida registered agent: (P.O. I	30x NOL acceptable)	1
Name:	NRAI Services, Inc.		. 91
	1200 South Pinc Island Road		PH
ice Address:	Plantation,	33324	
	(0)	, Florida	Į Ļ
	(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.

By: David Westcoll
Assistant Secretary

(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.

From: Ranae McGraw

	Roy M. Ambinder, MD
	240 Trismen Terrace
,,,	Winter Park, FL 32789
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	CERS Roy M. Ambinder, MD
	240 Trismen Terrace
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y: .	Roy M. Ambinder, MD
: _	40 Trismen Terrace, Winter Park, Fl. 32789
 : :::	Roy M. Ambinder, MD
2	40 Trismen Terrace, Winter Park, FL 32789
11	necessary, you may attach an addendum to the application listing additional officers and/or directors.
	Roy M amhuiler

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

2021-01-12 15:45:36 CST

13.

Roy M. Ambinder, MD. President



Page 1

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

DELAWARE, DO HEREBY CERTIFY "BIOSTRATEGIC THERAPEUTICS, 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 JANUARY, A.D.

2021.

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

Authentication: 202219595

Date: 01-05-21