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From:

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Account Number : 075350000353 : (800)221-2972 : (917)243-5843 Fax Number

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FOREIGN PROFIT/NONPROFIT CORPORATION MERS DIAGNOSTIC AND VACCINES, INC.

Certificate of Status	0
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Help



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. MERS Diagnostic and Vaccines, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida). (FEI number, if applicable) (State or country under the law of which it is incorporated) Perpendi (Date of duration, if other than perpetual) (Date of incorporation) Upon filing (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607 1501 & 607.1502, F.S., to determine penalty liability) 5273 Messina Street Ave Marke, FL 34142 (Principal office address) c/o Dr. Arol I. Buntzman 5273 Messina Street Ave Mana, Fl. 34142 (Current mailing address, if different) 8. Name and street address of Florida registered agent. (P.O. Box. NOT acceptable) Arol I Buntzman Name: 5273 Messirei Street Office Address. Ave Maria 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

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

duties, and I am familiar with and accept the obligations of my position as registered agent.

22 13:19 CST -	+17186697420
	FILE,
11 Names and business addresses of officers and/or directors	ALTIS OF PH SO 3
A. DIRECTORS	1-022 PH 5.0
Arol I Buntzman Chamian:	ARTIN S
5273 Messira Street Ave Mana, FL 34142 Address:	- College
Vice Chairman	
Address	
Director:	
Address:	
Director	
Address	
B. OFFICERS	
President Arol I Buntzman	
Address 5273 Messina Street Ave Maria, FL 34142	
Vice President	
Address:	
Scoretary.	
Address	
Treasurer	
Address:	
NOTE: If necessary you may attach an addendum to the application listi	
12. Signature of Director or Office	:r
The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a dear third degree felony as provided for in \$.817.155, F.S. Arol I Buntzieun-PRESIDENT	11 above) affirms that the facts stated herein

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MERS DIAGNOSTIC AND VACCINES, 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-SECOND DAY OF FEBRUARY, A.D. 2021.

5177642 8300

SR# 20210534418

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

Authentication: 202558559

Date: 02-22-21