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## **COVER LETTER**

TO:	O: Registration Section Division of Corporations					
SUBJ	ECT: Rubedo Pharmaceuticals, Inc	e.				
		of corporation - mu	ıst include suffix			
Dear S	ir or Madam:					
"Certi	iclosed "Application by Foreign Conficate of Existence," or "Certificate referenced foreign corporation to the component of the corporation to the	e of Good Standing	" and check are submi	Business in Florida," tted to register the		
Please	return all correspondence concern	ing this matter to th	ne following:			
Edward	d D. Miller					
_	,	Name of Perso	on			
Rubedo	Pharmaceuticals, Inc.					
		Firm/Company	,			
4106 S	an Amaro Drive					
		Address		-		
Coral C	Gables, FL 33146					
		City/State and Zi	ip code			
edmpro	oduct@gmail.com					
	E-mail address	s: (to be used for fu	ture annual report not	ification)		
For fur	ther information concerning this n	natter, please call:				
		at ()	Daytime Telephor			
	Name of Person	Area Code	Daytime Telephor	ne Number		
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations		
Please i	ed is a check for the following amonake check payable to: FLORIDA D	EPARTMENT OF Sing Fee & \$78		■ \$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.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  Deleware  3. 86-1852961  (State or country under the law of which it is incorporated)  January 26, 2021  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  251 Valencia Avenue, #4100, Coral Gables, Florida 33134  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Edward D. Miller  Alo6 San Amaro Drive  Coral Gables  (City)  Registered agent's acceptance:    Valuation of the purpose of transacting business in Florida in	(1.C	<del></del>		
January 26, 2021   5.   (Date of incorporation)   (Date of duration, if other than perpetual)				
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(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  251 Valencia Avenue, #4100, Coral Gables, Florida 33134  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Edward D. Miller  Florida 33146  (City)  Registered agent's acceptance:	January 26, 202	<u> </u>		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  251 Valencia Avenue, #4100, Coral Gables, Florida 33134  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Edward D. Miller  Florida 4106 San Amaro Drive  Coral Gables Florida (City)  Registered agent's acceptance:	(Date	of incorporation)	(Date of duration, if other	er than perpetual)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  251 Valencia Avenue, #4100, Coral Gables, Florida 33134  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Edward D. Miller  Florida 4106 San Amaro Drive  Coral Gables  (City)  Registered agent's acceptance:	May 14, 2021			
(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Edward D. Miller				mility)
(Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Edward D. Miller	251 Valencia Ave	enue, #4100, Coral Gables, Florida 33134		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Edward D. Miller		(Principal office	street address)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Edward D. Miller				
Name: Edward D. Miller  #106 San Amaro Drive  Coral Gables  (City)  Registered agent's acceptance:				
Name: Edward D. Miller  #106 San Amaro Drive  Coral Gables  (City)  Registered agent's acceptance:		(Current mailing	address, if different)	
ffice Address:    Coral Gables   Florida   33146   Florida   Gip code     Registered agent's acceptance:   Florida   Gip code   Gip code   Florida   Gip code   Florida   Gip code   G		(Current mailing	address, if different)	
ffice Address:    Coral Gables   Florida   33146	Name and stree	•		721 1741 1741
(City)  Registered agent's acceptance:		et address of Florida registered agent: (P.O.		21 Ju
(City) (Zip code) マーク (Registered agent's acceptance:	Name:	et address of Florida registered agent: (P.O. Edward D. Miller		F1L 21 JUN 2 19 (FE) A6 17 (A6-45)
Registered agent's acceptance;	Name:	et address of Florida registered agent: (P.O. Edward D. Miller 4106 San Amaro Drive	Box <u>NOT</u> acceptable)	122 22
Registered agent's acceptance:	Name:	et address of Florida registered agent: (P.O. Edward D. Miller 4106 San Amaro Drive	Box <u>NOT</u> acceptable)	122 22
	Name:	et address of Florida registered agent: (P.O. Edward D. Miller 4106 San Amaro Drive	Box <u>NOT</u> acceptable)	122 22
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	Name:  Office Address:  Registered age laving been namesignated in this	Et address of Florida registered agent: (P.O.  Edward D. Miller  4106 San Amaro Drive  Coral Gables  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme	Box NOT acceptable) , Florida 33146, Cip code)  of process for the above state on the acceptable and agent	22 PM 3: 55  Ted corporation at the properties to act in this capac
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orther agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	Name:  Office Address:  Registered ago laving been namesignated in this arther agree to c	Et address of Florida registered agent: (P.O.  Edward D. Miller  4106 San Amaro Drive  Coral Gables  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relative with and accept the obligations of my positive.	Box NOT acceptable) , Florida 33146, Florida (Zip code)  of process for the above state of the acceptance and against to the proper and compative to the proper and compatible to the prope	22 PM 3: 55  Ted corporation at the properties to act in this capac
urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my not I am familiar with and accept the obligations of my position as registered agent.  Shull  (Registered agent's signature)	Name:  Office Address:  Registered ago laving been namesignated in this arther agree to c	Et address of Florida registered agent: (P.O.  Edward D. Miller  4106 San Amaro Drive  Coral Gables  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relative with and accept the obligations of my positive with and accept the obligations of my positive services.	Box NOT acceptable) , Florida \( \frac{33146}{(\text{Zip code})} \)  of process for the above state at as registered agent and agon as registered agent.	22 PM 3: 55  Ted corporation at the properties to act in this capac

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS								
<b>■</b> Chairman	Name: Edward D.Miller	□ Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
Director	4106 San Amaro Drive	Director						
□President	Coral Gables, FL 33146	□President						
□Vice President		□Vice President	<del></del>					
□Secretary	□Treasurer	□Secretary	□Treasurer					
□Other		□Other	Other					
□ Chairman	Name:	□Chairman	Name:					
□ Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director	<del></del>					
□President	<del></del>	□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	□Secretary	□Treasurer					
□Other	Other	□Other	Other					
□Chairman	Name:	□ Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	☐ Secretary	☐Treasurer					
□Other	Other	Other	□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.



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

DELAWARE, DO HEREBY CERTIFY "RUBEDO PHARMACEUTICALS, 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 SEVENTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RUBEDO

PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF

JANUARY, A.D. 2021.

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



Authentication: 203476338

Date: 06-17-21