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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Adamo Bioscience Inc.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Molly Malock Name of Person
Name of Person
Adamo Bioscrence, Inc 碧百丁
Molly Malcet Name of Person Adamo Bioscrine, Inc Firm/Company 1445 Sadler Road #1022 Address This are lines and of Flaggeria.
1945 Sadier 1602 750 w
Firm/Company 1445 Sadler Road #1022 Address Fernandina Blach, FL 32034 City/State and Zip code
City/State and Zip code molly @ adamobioscirule. (on E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Molly Malcot at (415) 697 7115 Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Boxed{\text{S}}\$ \$70.00 Filing Fee \$\Boxed{\text{C}}\$ \$78.75 Filing Fee & \$\Boxed{\text{C}}\$ \$87.50 Filing Fee, Certificate of Status \$\Boxed{\text{C}}\$ 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.

1.	Anno Bioscience, Toc. (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)	
2.	State or country under the law of which it is incorporated) 3. TIN/FIN 86-388 Z496 (FEI number, if applicable)	
4.	May 15, 2021 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.	3 Oak point drik Fernandina Beach, FLESSOSC (Principal office street address)	有
	1445 Sadier Road #1022 Fernandina Beach = 32 (Current mailing address, if different)	E C
	Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
О	Name: Molly Maloof Office Address: 3 Oak point drive	·
	Fernandina Beach, Florida 32034 (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.

(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.

A. DIRECTORS Name: _____ Name: _____ ☐ Chairman Address: □ Vice Chairman □Vice Chairman Address: □ Director □ Director molly malos President □ President 3 Oak point drive □Vice President ☐ Vice President ☐Treasurer □ Secretary □Secretary □Other _____ ☐Other _____ □Other _____ □Other ______ Name: _____ ☐ Chairman □ Chairman Name: ☐ Vice Chairman Address: ____ □Vice Chairman Address: _____ □ Director □ Director □President □President □Vice President □Vice President ______ □ Secretary ☐Treasurer □ Secretary □Other _____ ☐ Other _____ □Other _____ ☐ Chairman Name: _____ □Chairman Address: _____ □Vice Chairman □Vice Chairman Address: _____ □ Director □Director □ President □President ☐ Vice President □Vice President __ □Treasurer ☐ Treasurer □ Secretary □ Secretary ☐ Other _____ □ Other _____ Important Notice: Use an attachment to proort 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. 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. 13. Ma/ly Ma/cof (Typed or printed name and capacity of person signing application)

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "ADAMO BIOSCIENCE 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 FIFTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADAMO BIOSCIENCE INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF MAY, A.D. 2021

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



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Date: 07-15-21