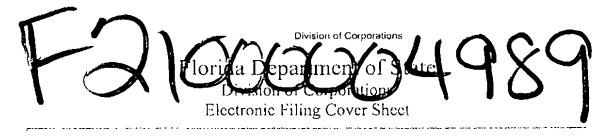
8/27/2021



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(((H21000321669 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

: GREENSPOON MARDER, P.A. Account Name

Account Number : 076064003722 Phone : (888)491-1120 Fax Number : (954)333-4242

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FOREIGN PROFIT/NONPROFIT CORPORATION

Gexpharm USA, Inc.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$70.00

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H21000321669 3

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.

Gexpharm USA	A, Inc			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	ī." ⁻	
(If name unavaila	ible in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	g business in Florida)	
(State or country	or country under the law of which it is incorporated) (FEI number, if applicable)			
July 30, 20	021 5			
	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		(y)	
3101 NF 40th	Court, Fort Lauderdale, FL 33308			
3101112 3011		c street address)		
	(Current mailing	address, if different)	2021	
			1 AUS 27	
. Name and stree	<u>a address</u> of Florida registered agent: (P.O.	Box NOT acceptable)	55 2	
Name:	Greenspoon Marder LLP	·		
Office Address:	200 E. Broward Blvd., Suite 1800		PH 1:46	
	Fort Lauderdale	Florida 33301	STA STA	
	(City)	, Florida 33301 (Zip code)	, H. 9	
D				
laving been nam	ent's acceptance: ed as registered agent and to accept servic	e of process for the above stated	l corporation at the pla	
esignated in this	application, I hereby accept the appointm omply with the provisions of a ll st atutes re	ent as registered agent and agre- lative to the proper and complet	e to act in this capacit to performance of my o	
artner agree to co ind I am familiar	with and accept the obligations of hy pos	ition as registered agent.	i panjarmanee oj my s	
	(Registered agent's sig	mature)		

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]:

H21000321669 3

A. DIRECTORS						
□Chairman	Name: Pierre Couture	□ Chairman	Name:			
□Vice Chairman	Address: 3101 NE 40th Court	□Vice Chairman	Address:			
□Director	Fort Lauderdale, FL 33308	□Director				
⊠President		□ President				
□Vice President		□ Vice President				
□Secretary	Treasurer	E3Secretary		☐ Treasurer		
Other	CiOther	Other		(1) Other		
□Chairman	Name:	□ Chairman	Name:			
El Vice Chairman	Address:	C) Vice Chairman	Address:			
Director		Director				
□President		[]President	***************************************			
□Vice President		□Vice President				
☐ Secretary	☐ Trensure:	□ Secretary		Treasurer		
□Other	Other	□Other		[]Other		
□Chaicman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	∐Vice Chairman	Address:			
Director		□Director				
□President		ClPresident				
□Vice President		□Vice President				
☐ Secretary	Ll Treasurer	□Secretary		☐ Treasurer		
□Other	□Othet	Other		□Othei		
Important Notice: individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Departme	thment will be image nt of State Annual Re	d for reporting pr eport form,	urposes only. Non-indexed		
12.		(N6V				
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.						
13.	Pierre Coulure, President (Typed or printed name and capacity of personnel.)	an almaine cambination				
(Typed or printed name and capacity of person signing application)						

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GEXPHARM USA, 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 SECOND DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GEXPHARM USA, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JULY, A.D. 2021.

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

6129206 8300 SR# 20212863242

Fax Server.

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Date: 08-02-21