## F22000003707

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600389186236

08/09/22--01017--006 \*\*87.50



JUN 1 4 2022 C Brumbley

## **COVER LETTER**

	stration Section ion of Corporations			
SUBJECT:	Aplife Biotech Corporation			
		of corporation	- must include suffix	· · · · · · · · · · · · · · · · · · ·
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to to	of Good Stan	ding" and check are submit	susiness in Florida," ted to register the
Please return	all correspondence concerni	ing this matter	to the following:	
Pablo Martin E	Belluscio			
		Name of	Person	
Aplife Biotech	Corporation			
		Firm/Com	pany	
1951 NW 7th /	Ave, Suite 600			
		Addre	ess	
Miami, FL 331	36			
		City/State a	nd Zip code	
pmb@aplifebio				
	E-mail address	: (to be used f	or future annual report notif	ication)
For further in	formation concerning this m	atter, please c	all:	
Ignacio Escam	amilla at ( 831 ) 624-5333			
Name	e 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		Registration Section Division of Corpo P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amo eck payable to: FLORIDA DE ng Fee	EPARTMENT g Fee &		\$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 unavail	lable in Florida, enter alternate corporate name	e adopted for the purpose of transacting business i	n Florida)		
2. Delaware	3	32-0639068			
(State or country under the law of which it is incorpora		(FEI number, if applicable)			
(Date of incorporation)		(Date of duration, if other than perpetu	al)		
6		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)			
7		Tice <u>street</u> address)			
	(Current maili	ing address, if different)	<u></u>	2022 APR 18	
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)		{PR	
Name:	Pablo Martin Belluscio			8	
Office Address:	1951 NW 7th Ave, Suite 600			À	 
	Miami	Florida 33136 (Zip code)		7: 1:	
	(City)	(Zip code)	•	5	
Having been nam designated in this further agree to c	application, I hereby accept the appoint	vice of process for the above stated corporation iment as registered agent and agree to act in relative to the proper and complete performationsition as registered agent.	this capaci	ity. I	,

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							
□Chairman	Pablo Martin Belluscio	□ Chairman	Name:				
□Vice Chairman	Address: 1951 NW 7th Ave, Suite 600	□Vice Chairman	Address:				
□Director	Miami, FL 33136	□Director					
President		□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	<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					
<b>⊡</b> President		□President					
□Vice President		□Vice President					
□ Secretary	□Treasurer	□ Secretary	☐Treasurer				
□Other	Other	□Other	□Other				
individuals may be	Jse an attachment to report more than six (6). The attack added to the index when filing your Florida paraments of Director of Signature of Director of	t of State Annual Re	port 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.  Pablo Martin Belluscio							

Page 1



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

DELAWARE, DO HEREBY CERTIFY "APLIFE BIOTECH CORPORATION" 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 EIGHTEENTH DAY OF JANUARY, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APLIFE BIOTECH CORPORATION" WAS INCORPORATED ON THE THIRTIETH DAY OF SEPTEMBER,

A.D. 2020.

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

Authentication: 202417206

Date: 01-18-22