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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Incorporating Services, Ltd.

incserv^o

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

FROM

To Florida Department of State

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com 850-245-6051 Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST	DA	TE	6/21,	/2022

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 1049480

ORDER ENTITY_______HELOCYTE, INC.

,	
DI EACE DEDEADM	THE FOLLOWING SERVICES:
PLEASE PERFURIN	THE FOLLOWING SERVICES.
	A side to the contract of the
HELOCYTE INC.	(FI)
1122001.2, 1110.	<u> </u>

File the attached foreign qualification document and provide a certified copy.

NOTES:
\$78.75 Authorized
Email address for annual report reminders: legal@fortressbiotech.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, June 21, 2022 Page 1 of 1

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.

Helocyte, Inc.			
(Enter name of c	orporation: must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION,"	
(If name unavails	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in	Florida)
Delaware	3	7-3928167	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
March 20, 2015	5 .		
	of incorporation)	(Date of duration, if other than perpetua	.l)
January 1, 2022			
1111 Kane Conce	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) ourse, Suite 301, Bay Harbor Islands, FL 33154 (Principal office	2. F.S., to determine penalty liability)	
	· ·		[2]
	(Current mailing	address, if different)	2022 JUN 21 PH 12: 57
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2
Name:	Incorporating Services, Ltd.		P
Office Address:	1540 Glenway Drive	<u> </u>	112: 5
	Tallahassee	. Florida <u>32301</u>	部 51
	(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.

DocuSign Envelope ID. 6EA7EA16-CF67-4C3A-844D-9F0179040E7E

A. DIRECTORS			
□Chairman	Name: Lindsay A. Rosenwald	□ Chairman	Name: Michael S. Weiss
□Vice Chairman	Address: 2 Gansevoort St., 9th Floor	□ Vice Chairman	Address: 2 Gansevoort St., 9th Floor
Director	New York, NY 10014	■Director	New York, NY 10014
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	□Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address: 2 Gansevoort St., 9th Floor	□Vice Chairman	
Director	New York, NY 10014	□Director	50. 2 人
□President		□President	SE PE C
□Vice President		□Vice President	PH P. 5
□ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	Other
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	
Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	□Treasurer
□Other	Other	□Other	Other
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Depar		
12. Lindsay Pose	Signature of Direct	or or Officer	
The ottors of diese	star Janina this dearmean fund who is listed in min		and which the second se

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. Lindsay A. Rosenwald

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HELOCYTE, 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. 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 "HELOCYTE, INC."

WAS INCORPORATED ON THE TWENTIETH DAY OF MARCH, A.D. 2015.

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





Authentication: 203712599

Date: 06-17-22