

F23000000586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

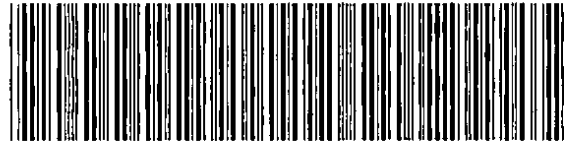
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RECEIVED
CORPORATIONS
TALLAHASSEE, FLORIDA

2023 JAN 31 AM 11:16

2023 JAN 31 PM 12:15

RECEIVED

APPROVED
AND
FILED

JAN 31 2023
K. Brumblay

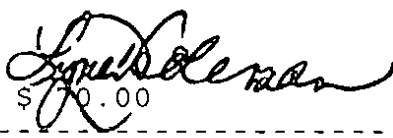
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 421452 4803460

AUTHORIZATION :

COST LIMIT : \$ 70.00



ORDER DATE : January 30, 2023

ORDER TIME : 8:45 AM

ORDER NO. : 421452-005

CUSTOMER NO: 4803460

FOREIGN FILINGS

NAME: ZYVERSA THERAPEUTICS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZyVersa Therapeutics, 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:

Stephen C. Glover

Name of Person

ZyVersa Therapeutics, Inc.

Firm/Company

2200 North Commerce Parkway, Suite 208

Address

Weston, Florida 33326

City/State and Zip code

sglover@zyversa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Buffer, Esq.

at (973) 597-2434

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**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$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.*

1. ZyVersa Therapeutics, Inc.
(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. Delaware 3. 86-2685744
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 17, 2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. December 12, 2022
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2200 North Commerce Parkway, Suite 208, Weston, Florida 33326
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Glover, Stephen

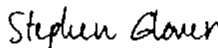
Office Address: 2200 North Commerce Parkway, Suite 208

Weston , Florida 33326
(City) (Zip code)

2023 JAN 31 PM 12:15
 FILED
 AT TALLAHASSEE
 AND
 TALLAHASSEE
 COUNTY
 FLORIDA

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.

DocuSigned by:

 548FC588A2804C5

(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.

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

A. DIRECTORS

☒ Chairman Name: Stephen C. Glover
☐ Vice Chairman Address: 2200 North Commerce Parkway
Suite 208
☒ Director
☒ President Weston, Florida 33326
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Robert G. Finizio
☐ Vice Chairman Address: 2200 North Commerce Parkway
Suite 208
☒ Director
☐ President Weston, Florida 33326
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Min Chul Park
☐ Vice Chairman Address: 2200 North Commerce Parkwa
Suite 208
☒ Director
☐ President Weston, Florida 33326
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Daniel J. O'Connor
☐ Vice Chairman Address: 2200 North Commerce Parkway
Suite 208
☒ Director
☐ President Weston, Florida 33326
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: James Sapirstein
☐ Vice Chairman Address: 2200 North Commerce Parkwa
Suite 208
☒ Director
☐ President Weston, Florida 33326
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Gregory Freitag
☐ Vice Chairman Address: 2200 North Commerce Parkway
Suite 208
☒ Director
☐ President Weston, Florida 33326
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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. Stephen Glover
STEPHEN GLOVER
 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. Stephen Glover
 (Typed or printed name and capacity of person signing application)

Florida Foreign Qualification Application – ZyVersa Therapeutics, Inc. (Continued)

Peter Wolfe

Secretary; Other: Chief Financial Officer

2200 North Commerce Parkway

Suite 208

Weston, Florida 33326

Katrin Rupalla

Director

2200 North Commerce Parkway

Suite 208

Weston, Florida 33326

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZYVERSA THERAPEUTICS, 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 THIRTIETH DAY OF JANUARY, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZYVERSA THERAPEUTICS, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2021.

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




Jeffrey W. Bullock, Secretary of State

5547135 8300

SR# 20230308852

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202605960

Date: 01-30-23