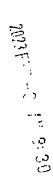
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(Requestor's Name)				
(Address)				
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,				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)			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

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2023 FEB - 3 AM II: 20

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S. ROBERTS FEB - 6 2023

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

ACCOUNT NO. : I2000000195				
REFERENCE : 431241 4304937				
AUTHORIZATION Spelder man				
COST LIMIT : \$ 70.00				
ORDER DATE : February 3, 2023				
ORDER TIME : 9:51 AM				
ORDER NO. : 431211-005				
CUSTOMER NO: 4304937				
FOREIGN FILINGS				
NAME: ARESPO BIOPHARMA, 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 FXT#				

EXAMINER:

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.	Arespo BioPhar	rna. Inc.		
		orporation; must include "INCORPORATED," " orp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
	(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting busir	ness in Florida)
2.	Delaware	3.		
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4.	January 20, 202	5.		
	(Date of incorporation)		(Date of duration, if other than perpetual)	
6.				
		(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		
7.	3661 Bay Creek l	Drive, Bonita Springs, FL 34134		
		(Principal office s	street address)	1923 Fil.
		(Current mailing a	ddress, if different)	1 (.)
8.	Name and stree	et address of Florida registered agent: (P.O. E	Sox NOT acceptable)	 -: ::
	Name:	Corporation Service Company	_	(၁
Ot	ffice Address:	1201 Hays Street	_	0
		Tallahassee	. Florida 32301	
		(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.

Corporation Service Company

By: Will assistant via president

(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: 6D56181C-5C77-4A90-B55D-B0FE5273AC81

. A. DIRECTORS						
□Chairman	Name: Aaron Sato	□Chairman	Name: Mark de Souza			
□Vice Chairman	Address: 3661 Bay Creek Drive	□Vice Chairman	Address:			
Director	Bonita Springs, FL 34134	Director	Bonita Springs, FL 34134			
□President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	Secretary	Treasurer			
□Other	Other	□Other	Other			
■ Director ■ President	Name:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Daniel Follansbee Name:			
□Other	Other	Other Asst Sect	retary. Other			
☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President	Name:	□Chairman □Vice Chairman □Director □President □Vice President	Name:			
Secretary	□Treasurer	Secretary	Treasurer			
□Other	Other	□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 n'Bry 55 redded to the index when filing your Florida Department of State Annual Report form. 12. 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. Chris Powala - President (Typed or printed name and capacity of person signing application)						

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ARESPO BIOPHARMA, 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 THIRD DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARESPO BIOPHARMA, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF JANUARY, A.D. 2023.

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

Authentication: 202636998

Date: 02-03-23

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