

F230000002150

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
LASK Pharma Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

FILED
2023 APR 13 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2023 APR 13 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1501, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER THAT FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1 LASK Pharma Inc.

(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"

"LTD.," "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

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

3 08/04/2022

(Date of incorporation)

(Date of duration, if other than perpetual)

4

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

5 7901 4th St N STE 300 St. Petersburg FL 33702

(Principal office street address)

7901 4th St N STE 300 St. Petersburg FL 33702

(Current mailing address, if different)

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

Florida

33702

(Zip code)

7 Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in the capacity of registered agent, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8 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.

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

FILED
2023 APR 13 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman Name Knopf, John
 Vice Chairman Address _____
 Director 7901 4th St N STE 300
St. Petersburg FL 33702
☒ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

Chairman Name Smith, Kristin
 Vice Chairman Address _____
 Director 7901 4th St N STE 300
St. Petersburg FL 33702
☐ President
☐ Vice President
☒ Secretary ☒ Treasurer
☐ Other ☐ Other

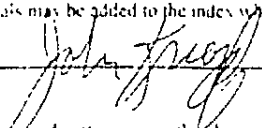
Chairman Name Kumar, Ravi
 Vice Chairman Address _____
 Director 7901 4th St N STE 300
St. Petersburg FL 33702
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

Chairman Name _____
 Vice Chairman Address _____
 Director _____
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

Chairman Name _____
 Vice Chairman Address _____
 Director _____
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

Chairman Name _____
 Vice Chairman Address _____
 Director _____
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed for reporting purposes only. Non-indexed individuals may be added 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) attests that the facts stated herein are true and correct, and she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

13 John Knopf President
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LASK PHARMA, 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 ELEVENTH DAY OF APRIL, 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 "LASK PHARMA, INC." WAS INCORPORATED ON THE FOURTH DAY OF AUGUST, A.D. 2022.

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



6952701 8300

SR# 20231392896

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203118419

Date: 04-11-23