## F23000002794

(Requestor's Name)	_			
(Address)	_			
(Address)	_			
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## COVER\_LETTER .

TO: Registration Section Division of Corporations	
SUBJECT: 1-1171 Targeted Ther Name of corporation - must	rapies Inc.
Name of corporation - must	include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authoric "Certificate of Existence," or "Certificate of Good Standing" as above referenced foreign corporation to transact business in Florida.	nd check are submitted to register the
Please return all correspondence concerning this matter to the f	following:
Clenn M. Abrahmse Name of Person	o him
Name of Person	
AIM Targeted Therapies,	Inc.
Firm/Company	
iles Chandon Bludy S	juite 31
Address	
Hey Bisconne FL 3314 City/State and Zip of	<b>-</b> ⁰1.
City/State and Zip o	code
Key 795 ba a gwail co E-mail address: (to be used for futur	m
E-mail address: (to be used for futur	e annual report notification)
For further information concerning this matter, please call:	
Clenn Horofonsohn at (305) 30  Name of Person Area Code	61-0778
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
The Centre of Tallahassee	P.O. Box 6327
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
Please make check payable to: FLORIDA DEPARTMENT OF ST	
, ,	5 Filing Fee & S87.50 Filing Fee, Tied Copy 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. Your geted to evaluate the component of the	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  2. Delawarde 3. 37 - 4138359  (State or country under the law of which it is incorporated) (FEI number. if applicable)  4. 15/2021 5. (Date of incorporation) (Date of duration, if other than perpetual)	
(Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 100 Grandon Blody 5-31 Lay Bis cayna FL 331 +  (Principal office street address)	<u>.</u>
(Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Glenn Horoboobsh  Office Address: 26 Chanolov Bud S-31  Ley Biscence Florida 33(49  (City) (Zip code)	
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. Further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutant I am familiar with and accept the obligations of my position as registered agent.  (Registered agent's signature)	I

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: Glenn Abrahmsohn Address: 260 Chandon Blid	□Chairman	Name: Climn Abragninsona			
□Vice Chairman	Address: <u>Abo Crandon Bhiol</u>	□Vice Chairman	Address: <u>795 Harbor Dr.</u>			
Director	5-31	Director	Kay Biscayre FC			
□President	Iday Biscaryna FC	□President	331+9			
□ Vice President	33149	□Vice President				
☐ Secretary	□Treasurer	Secretary	□Treasurer			
Other	Other	Other Di Ye	te√ □Other			
☐ President	Name: Jo AlorahmSahn Address: 795 Harbor Dr Han Biscante FC 33149		Mark Name: Kirn-Slaboszewicz Address: 720 NE 69th St., #9N Miami FL 33138			
☐ Secretary	□Treasurer	☐Secretary	□Treasurer			
Other		□Other				
□Chairman □Vice Chairman  □Chirector	Name: Amit Nair Address: 14516 Scientific Ltd., St. Johns Innovation Ctr	□Chairman □Vice Chairman  MiDirector	Name: Doug Cannehill  Address: Cannehill Miami  Investments Lic			
□President	Couley Roly	□President	750 NE 112th Street			
□Vice President	Cambridge UK CRYEWS	☐ Vice President	Biscarre Park FC 33161			
□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 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) 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.						
(Typed or printed name and capacity of person signing application)						



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

DELAWARE, DO HEREBY CERTIFY "AIM TARGETED THERAPIES, 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 TWENTY-FOURTH 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203200924

Date: 04-24-23