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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

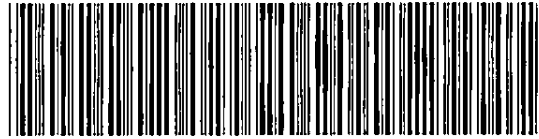
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Psycheceutical Bioscience, 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:

Michael Hlavsa

Name of Person

Psycheceutical Bioscience, Inc.

Firm/Company

515 E. Las Olas Blvd., Suite 120

Address

Ft. Lauderdale, FL 33301

City/State and Zip code

michael.hlavsa@psycheceutical.com

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

For further information concerning this matter, please call:

Michael Hlavsa

at (954) 868-7366

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. Psycheceutical Bioscience, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Nevada 3. 26-0900709
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/01/2004 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 515 E. Las Olas Blvd., Suite 120, Ft. Lauderdale, FL 33301
(Principal office street address)
- _____
(Current mailing address, if different)

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

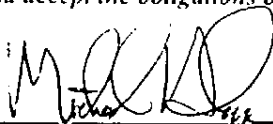
Name: Michael Hlavsa

Office Address: 515 E. Las Olas Blvd., Suite 120

Ft. Lauderdale, Florida 33301
(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.

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: Neilank Jha
☐ Vice Chairman Address: 515 E. Las Olas Blvd.
☐ Director Suite 120
☐ President Ft. Lauderdale, FL 33301
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Julian Bailes
☐ Vice Chairman Address: 515 E. Las Olas Blvd.
☒ Director Suite 120
☐ President Ft. Lauderdale, FL 33301
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

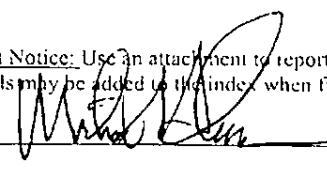
☐ Chairman Name: Michael Hlavsa
☐ Vice Chairman Address: 515 E. Las Olas Blvd.
☒ Director Suite 120
☐ President Ft. Lauderdale, FL 33301
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Chad Harman
☐ Vice Chairman Address: 515 E. Las Olas Blvd.
☐ Director Suite 120
☐ President Ft. Lauderdale, FL 33301
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Bruce Cassidy
☐ Vice Chairman Address: 515 E. Las Olas Blvd.
☒ Director Suite 120
☐ President Ft. Lauderdale, FL 33301
☐ 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 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.

13. Michael Hlavsa, CFO and Director
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational or qualification, as applicable, documents on file in this office for

Psycheceutical Bioscience, Inc.

Organizational Documents on File	Filing Date
Amended and Restated Articles	02/11/2022
Amended Certification of Stock Designation After Issuance of Class/Series	01/18/2022
Certificate of Designation	01/18/2022
Certificate of Designation	08/26/2021
Amendment	05/31/2012
Amendment	11/19/2008
Amendment	01/08/2008
Articles of Incorporation	06/16/2004

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence Psycheceutical Bioscience, Inc., as a duly organized or formed and existing, or duly qualified or registered, as applicable, and by virtue of the laws of the State of Nevada since , and is in good standing in this state.

SECRETARY OF STATE



IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202408174886564
You may verify this certificate
online at
<https://www.nvsilverlume.gov/home>