11110000005284

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business chity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
A. LUNT\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
OCT 21 2011
EXAMINER

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September 19, 2011

GEORGE BOBOTAS 1245 NORTH FLORIDA AVENUE TARPON SPRINGS, FL 34689

SUBJECT: NEREUS BIOHPARMA LLC

Ref. Number: W11000048349

We have received your document for NEREUS BIOHPARMA LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 011A00021642

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Noveus Bio Pharma LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
George Bobotas, Ph.D. Name of Person
Novous Bio Pharma LLC
1245 North Florida Avonus
Tarpon Sovings FL 34689 City/State and Zip Code
g bo botas & demelle bio Dharma. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
George Bobotas at 908 240 - 8939 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\int_{\text{S125.00 Filing Fee}} \int_{\text{S130.00 Filing Fee}} \int_{\text{Certified Copy}} \int_{\text{S160.00 Filing Fee}} \text{Certified Copy} \int_{\text{S160.00 Filing Fee}} \text{Certified Copy}

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Neveus BioPharma LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C," "LLC.")
2. State of Delaware 3. 45-3064107 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. August 12, 2011 5. (Duration: Year limited liability company will cease to exist or "perpetual")
6. have not transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1245 North Florida Avenue
Tanpon Springs FL 34689 = 1
8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows:
9. The name and usual business addresses of the managing members or managers are as follows: George Bo botas Ph.D. Neveus Fro Burns 118
1245 North Florida Avenue
Tarpon Springs, FL 34689
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
17/ L /
11. Nature of business or purposes to be conducted or promoted in Florida: Marmaceulical
George Baliation Ph.D.
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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 of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: Novous BioPharma LL	-	_
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are: Sobotas Polyage Polyage Polyage	2011 OCT 20 PH 3 20	FILED

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 / Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

PAGE 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEREUS BIOPHARMA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2011.

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AUTHENTICATION: 9056603

DATE: 09-27-11