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SECRETARY OF STATE
SECRETARY OF STATE

DEPARTMENT OF STATE

B. BOSTICK
UUN 1 0 2013
EXAMINER



ACCOUNT	NO.	:	120000000195

REFERENCE : 674333

AUTHORIZATION :

COST LIMIT : \$ 763.75

ORDER DATE : June 4, 2013

ORDER TIME : 3:10 PM

ORDER NO. : 674333-005

CUSTOMER NO: 7840193

FOREIGN FILINGS

NAME: NANO ADM, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

COVER LETTER

"Application by Foreign Limited L d check are submitted to register the	Name of Limited Liability Company iability Company for Authorization to Transact Business above referenced foreign limited liability company to tra	in Florida " Ca		
d check are submitted to register the		in Florida " Ca		
	, above toteleness threigh mintes hashing company to are			
all correspondence concerning this	matter to the following:			
Weaver H. Gaines				
	Name of Person			
Nanotherapeutics, Inc.				
	Firm/Company			
13859 Progress Blvd., Suite	300			
	Address		2	
Alachua, FL 32615		3ECR	13	tang«
	City/State and Zip Code	T T	E	į.
wgaines@nanotherapeutics.c	com	Siza Mark		5
E-mail address	s: (to he used for future annual report notification)			ş waren
formation concerning this matter, pl	ease call:	227	Ö	8 ₈₀₀ , ≥
aver H. Gaines	917 862-2274Na	75 75	9.	
Name of Person	Area Code & Daytime Telephone Number			
Stration Section Box 6327 thassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		,	
	Nanotherapeutics, Inc. 13859 Progress Blvd., Suite Alachua, FL 32615 wgaines@nanotherapeutics.e E-mail address formation concerning this matter. pl aver H. Gaines Name of Person LING ADDRESS: stration Section Box 6327	Name of Person Name of Person Name of Person Firm/Company 13859 Progress Blvd., Suite 300 Address Alachua, FL 32615 City/State and Zip Code wgaines@nanotherapeutics.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: aver H. Gaines 917 862-2274Na at (Name of Person Name of Person Firm/Company 13859 Progress Blvd., Suite 300 Address Alachua, FL 32615 City/State and Zip Code Wgaines@nanotherapeutics.com E-mail address: (to be used for future annual report notification) Formation concerning this matter, please call: aver H. Gaines 917 862-2274Na at (Name of Person Name of Person Firm/Company 13859 Progress Blvd., Suite 300 Address Alachua, FL 32615 City/State and Zip Code Wgaines@nanotherapeutics.com E-mail address: (to be used for future annual report notification) Formation concerning this matter, please call: aver H. Gaines 917 862-2274Na at (

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. NANO ADM, LLC

1. NANO ADM, LLC (Name of Foreign Limited Liability Company; must include	da 41 imited Linkillin Company 2 21 L C 22 or 21 L C 22
(isame of Foreign Limited Liability Company, must menu-	ue Limited Liability Company, L.E.C., or LEC.
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.")	se of transacting business in Florida and attach a copy of the written mate name. The alternate name must include "Limited Liability
2. Delaware	45-5065869
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. February 24, 2012	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6 July 15, 2012	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
7	to determine penalty liability) ASSURABLE AND TO SECOND
Alachua, FL 32615	
(Street Address	of Europhi Office)
8. If limited liability company is a manager-managed	company, check here
9. The name and usual business addresses of the mana	
Weaver H. Gaines, 13859 Progress Blvd., Suite 300, A	slachua, FL 32615
James D. Talton, 13859 Progress Blvd., Suite 300, Ala	chua, FL 32615
James Matthew, 13859 Progress Blvd., Suite 300, Alac	chua, FL 32615
10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocopt translation of the certificate under oath of the translator must be sub-	
11. Nature of business or purposes to be conducted or	promoted in Florida:
Any legal or lawful purpose that may be entered into by	•
	Facices, Managing Driceta horized representative of a member.
-	ation of this document constitutes an affirmation under the

Typed or printed name of signee

Weaver H. Gaines

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.)

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 o	of the Limited Liability	Company is:		
NANO ADM, LL	.C			
If unavailable,	the alternate to be use	d in the state of Florida is:		
2. The name a	nd the Florida street a	ddress of the registered agent and office are:		
	Corporation Service C	Company	ZOI3 JUN SECRETALLAHA	عربمون
		(Name)		1
	1201 Hays Street		-7 F	1
Florida Street Address (P.O. Box NOT ACCEPTABLE)		AK IO: 56)F CTATE , FLOPIO:		
	Tallahassee	FL 32301	100 100 100 100 100 100 100 100 100 100	
		City/State/Zip	_	

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.

Sue G. Knight
Assistant Vice President
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "NANO ADM, 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 FOURTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NANO ADM, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2012.

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

2013 JUN - 7 AM 10: 56
SECRETARY OF STAFF
TALL AHASSEF, FLORIDA

5114884 8300

130735913

AUTHENTYCATION: 0482481

DATE: 06-04-13

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