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B. BOSTICK
JUN 1 8 2014

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Tyton BioSciences, LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Existence, and check are submitted to register the above referenced foreign limited liability company to transact busin	Certificate of ess in Florida.
Please return all correspondence concerning this matter to the following:	
Suzanne M. Jones	
Name of Person	
Tyton BioSciences, LLC	
Firm/Company	
300 Ringgold Industrial Parkway	
Address	
Danville, VA 24540	
City/State and Zip Code	
sjones@tytonbio.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Suzanne M Jones 610 715-0195	
Name of Contact Person Area Code Daytime Telephone Number	P.3
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Tyton BioSciences, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LL.C.")
2. Florida \ Delaware \ \ (Jurisdiction under the law of which foreign limited liability) \ 3. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
company is organized)
4. 01/01/2014 (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. Harbor Isles Executive Center
1924 S. Patrick Drive, Suite 101
(Street Address of Principal Office)
6. Indian Harbour Beach, FL 32937
2 MICHE
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are;
Peter J. Majeranowski
President
382 Lanternback Island Drive, Satellite Beach, FL 32937
8. 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)
Sugamne M Jones
Signature of an authorized person (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are train 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.)

Suzanne M. Jones (Treasurer)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Tyton BioSciences		
If unavailable, the alternate to b	e used in the state of Florida is:	
2. The name and the Florida str	reet address of the registered agent and office are:	
InCorp S	Services, Inc.	~°
	(Name)	
17888 6	7th Court North	Appen Commencer Services
Flo	rida Street Address (P.O. Box NOT ACCEPTABLE)	66
Loxahatchee	FL 33470	
	City/State/Zip	्रे <u>।</u> अ

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 605, Florida Statutes.

Many Heather Nee for Incorp Services, Inc. (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 "TYTON BIOSCIENCES 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 EIGHTH DAY OF MAY, A.D. 2014.

TH IT D 3:00

5065796 8300

140588832

AUTHENT (CATION: 1357650

DATE: 05-08-14

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