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TO:

BJECT:	Akron Biotechnology, LLC			
	Name of L	mited Liability Company		
	"Application by Foreign Limited Liability Compa d check are submitted to register the above referen			
ase return	all correspondence concerning this matter to the f	ollowing:		
	Javier Zylberberg			
	Name of Person			
	Akron Biotechnology, LLC			
	Firm/Company			
	6353 W. Rogers Circle, Suite 2			
		Address		
	Boca Raton, FL 33487			
	City/St	te and Zip Code	<u>.</u>	
	jzylberberg@akronbiotech.com			
	E-mail address: (to be used	for future annual report notification)		
further in	formation concerning this matter, please call:			
Javi	er Zylberberg	561 750-6120x210 at ()		
	Name of Contact Person	Area Code Daytime Telephon	e Number	
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 ahassee, FL 32314	STREET ADDRESS: Division of Corporation Registration Section Clifton Building 2661 Executive Center of Tallahassee, FL 32301		
	check for the following amount: 125.00 Filing Fee		iling Fee, Certificate Certified Copy	

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Akron Biotechnology, I		ude "Limited Liability Company," "L.L.C.,"	or "LLC.")
If name unavailable, enter al	ternate name adopted for the purpose of tra	ansacting business in Florida. The alternate n	name must include "Limited
iability Company," "L.L.C,"	" or "LLC.")	<u> </u>	
Delaware	3.	20-5056014	
(Jurisdiction under the law of which foreign limited liability (FEI number, if appl company is organized)		le)	
05/04/2015			
	(Date first transacted business in F (See sections 605.0904 & 605.0905.	Florida, if prior to registration.) F.S. to determine penalty liability)	
6353 W. Rogers Circle		• • •	29 (7)
•			6 1 1 1 1 1 1 1 1 1 1
Boca Raton, FL 33487		and Office)	
6353 W. Rogers Circle	(Street Address of Princip	oat Office)	1888 Z8
,	, Daile L		Ho a m
Boca Raton, FL 33487			
	(Mailing Addres	ss)	
. Name and street address	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
Name:	David Pascuzzi J, Esq.		
Office Address:	6751 North Federal Hwy., Suite 400		
	Boca Raton	, Florida 33487	
	(City)	(Zip code)	
esignated in this applica o complywith the provisi ccept the obligations of t	tion, I hereby accept the appointment ons of all statutes relative to the property position as registered agent. (Registered a active and address of the person(s) who	f process for the above stated limited lid t as registered agent and agree to act in er and complete performance of my dut agent's signature) has/have authority to manage is/are:	this capacity. I further ag
			
6353 W. Rogers Circle, S	unte 2		····
Boca Raton, FL 33446			
 Attached is a certificate urisdiction under the law of the translator must be s 	of which it is organized. (If the certific ubmitted)	d, duly authenticated by the official having the is in a foreign language, a translation authorized person	ng custody of records in the of the certificate under or
		(1) (b), Florida Statutes. I am aware that third degree felony as provided for in s.8	

Typed or printed name of signee

Claudia Zylberberg

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "AKRON BIOTECHNOLOGY, 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-SECOND DAY OF MARCH, A.D. 2016.

16 MAR 28 AM 8: 17
SECRETARY OF SIAIC

Authentication: 202026774

Date: 03-22-16

5739905 8300 SR# 20161794072