Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000133746 3)))



H170081337463ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6383

From:

Account Name

: RICHARDS & ASSOCIATES, PA.

Account Number : I20110000091

: (305)858-9900

Fax Number

: (305)285-0015

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

BIOGALENIC LLC Certificate of Status Certified Copy Page Count 03 \$125.00 Estimated Charge

Foreign Limited Liability Company

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

MAY 17 2017

5/16/2017

COVER LETTER

TO: Registration Section
Division of Corporations

BIOGALENIC 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:

ELENA DIAZ

Name of Person

RICHARDS & SANCHEZ, P.A

Firm/Company

2665 SOUTH BAYSHORE DRIVE, SUITE 703

Address

MIAMI, FLORIDA, 33133

City/State and Zip Code

ediaz@richards-law.com

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

For further information concerning this matter, please call:

ELENA DIAZ

_a 305

8589900

Name of Contact 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:

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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: L BIOGALENIC LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."] (If nome analysishe, enter alternate mame adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 2. DELAWARE _{3.} 82-0782915 (Jurisdiction under the low of which foreign limited liability company is organized) (I'El aumber, il spphenble) [Date less transacted business in Florida, ([pnor to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 6 2665 South Bayshore Drive, Suite 703 2665 South Bayshore Drive, Suite 703 (Street Address of Principal Office) (Mailing Address) Miami, Florida 33133 Miami, Florida 33133 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) WORLD CORPORATE SERVICES INC Name: 2665 South Bayshore Drive, Suite 703 Office Address: Florida 33133 Miami Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited flubility company 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 ogen (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Canacity: Name and Address: Title or Copacity: Name and Address: JACOB SERFATI MGR 3645 South Bayshore Drive, Zuite 703 (Use attachments if necessory) 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 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.

JACOB SERFATI
Typed or printed same of supres

<u>Delaware</u> The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOGALENIC 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 FIFTEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIOGALENIC LLC" WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2016.

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

6179494 8300 SR# 20173489359

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

Authentication: 202537207

Date: 05-15-17