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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JUN 23 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NATIONAL STEM CELL NETWORK, 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:

SHOBHA N. LIZASO

Name of Person

FLORIDA HEALTHCARE LAW FIRM

Firm/Company

909 SE 5TH AVENUE, SUITE 200

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

SHOBHA@FLORIDAHEALTHCARELAWFIRM.COM

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

For further information concerning this matter, please call:

SHOBHA N. LIZASO

561

455-7700

at (_____) _____

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:

☒ \$125.00 Filing Fee

☐ \$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:

1. NATIONAL STEM CELL NETWORK, 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 "LLC.")

2. DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JUNE 15, 2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 909 SE 5TH AVENUE, SUITE 200 6. 909 SE 5TH AVENUE, SUITE 200
(Street Address of Principal Office) (Mailing Address)
DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JEFF COHEN/Florida Healthcare Law Firm
Office Address: 909 SE 5TH AVE., SUITE 200
DELRAY BEACH, Florida 33483
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registered agent's acceptance:

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 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 agent.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Mgr</u>	<u>Jeff Cohen</u> <u>909 SE 5th Ave, Suite 200</u> <u>Delray Bch, FL 33483</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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.

(Signature of an authorized person)
Jeff Cohen
(Typed or printed name of signer)

Delaware

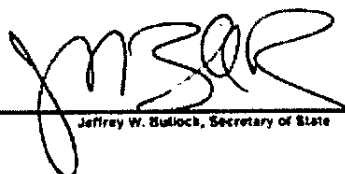
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL STEM CELL NETWORK, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JUNE, A.D. 2017.

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2011 JUN 21 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

6408409 8300

SR# 20174729537

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

Authentication: 202704697

Date: 06-13-17