

M17000009551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

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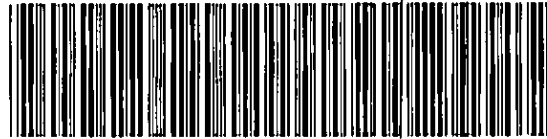
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

17 NOV -9 AM 8:12

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NOV -9 AM 11:56

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 904784 7975948

AUTHORIZATION

[Signature]

COST LIMIT : \$-155.00

ORDER DATE : November 9, 2017

ORDER TIME : 12:40 PM

ORDER NO. : 904784-005

CUSTOMER NO: 7975948

FOREIGN FILINGS

NAME: SEA HUNTER THERAPEUTICS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX	CERTIFIED COPY
	PLAIN STAMPED COPY
	CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sea Hunter Therapeutics, 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:

Robert W. Forman

Name of Person

Forman & Shapiro LLP

Firm/Company

1345 Avenue of the Americas, 11th Floor

Address

New York, NY 10105

City/State and Zip Code

forman@formanshapiro.com

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

For further information concerning this matter, please call:

Robert W. Forman

212

515-8040

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. Sea Hunter Therapeutics, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-1872159

(FEI number, if applicable)

4. N/A

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

5. 515 North Flagler Drive, Suite 1700

(Street Address of Principal Office)

West Palm Beach, FL 33401

6. P.O. Box 3492

(Mailing Address)

West Palm Beach, FL 33402

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

Name:

Alexia Varga

Office Address:

515 North Flagler Drive, Suite 1700

West Palm Beach

(City)

, Florida 33401

(Zip code)

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.

Alexia Varga

(Registered agent's signature)

Alexia Varga

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Alexia Varga, Manager

515 North Flagler Drive

Suite 1700

West Palm Beach, FL 33401

(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.

Robert W. Forman

Signature of an authorized person

Robert W. Forman

Typed or printed name of signer

FILED
NOV 19 AM 8
STATE OF FLORIDA
TALLAHASSEE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEA HUNTER THERAPEUTICS, 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 NINTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEA HUNTER THERAPEUTICS, LLC" WAS FORMED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2017.

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




Jeffrey W. Bullock, Secretary of State

6548537 8300

SR# 20177012022

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

Authentication: 203544703

Date: 11-09-17