

MI8000000517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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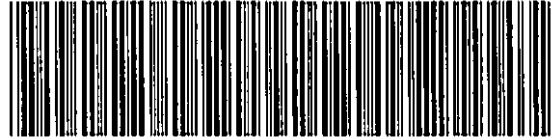
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

J. LEGGETT
JAN 18 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PICS 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:

Theodosios Alexander

Name of Person

PICS Therapeutics LLC.

Firm/Company

1217 Waterside Lane

Address

Venice FL 34285

City/State and Zip Code

ta@pics-rx.com

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

For further information concerning this matter, please call:

Theodosios Alexander

Name of Contact Person

941

at (_____)

Area Code

237-0058

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. PICS 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, USA 3. IRS EIN: 82-3620136
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0903 & 605.0905, F.S. to determine penalty liability)
5. 1217 Waterside Lane, Venice FL 34285 6. 1217 Waterside Lane, Venice FL 34285
(Street Address of Principal Office) (Mailing Address)
- _____
- _____

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

Name: Veronika Tudor

Office Address: 1219 Waterside Lane

Venice, Florida 34285
(City) (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.

Veronika W Tudor
(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>Member</u>	<u>Theodosios Alexander</u>	<u>Member</u>	<u>Martin T Rothman</u>
_____	<u>1217 Waterside Lane</u>	_____	<u>5917 Mountain Hawk Drive</u>
_____	<u>Venice FL 34285</u>	_____	<u>Santa Rosa CA 95409</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.

Theodosios Alexander (T. Alexander)
Signature of an authorized person

Theodosios Alexander

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PICS 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 THIRD DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PICS THERAPEUTICS LLC" WAS FORMED ON THE NINTH DAY OF NOVEMBER, A.D. 2017.

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



6609783 8300

SR# 20180039442

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 201915613

Date: 01-03-18



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8140538

01-03-2018

THEODOSIOS ALEXANDER
1217 WATERSIDE LANE
VENICE, FL 34285

ATTN: THEODOSIOS ALEXANDER

DESCRIPTION**AMOUNT**

6609783 - PICS THERAPEUTICS LLC

Entity Status - Short Form

<i>Certification Fee</i>	<i>\$50.00</i>
<i>Expedite Fee, 24 Hour</i>	<i>\$40.00</i>
TOTAL CHARGES	\$90.00
TOTAL PAYMENTS	\$90.00
 BALANCE	 \$0.00