

M18000003978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

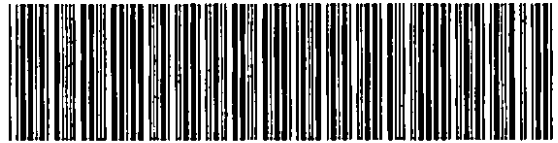
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500311048915

03/29/18--01011--026 **160.00

18 APR 23 PM 14 19
TALLAHASSEE, FLORIDA

J. I. FEGGETT
APR 25 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2018

PETER VAN DEN BERGHE
2980 SOUTH RAINBOW BOULEVARD
LAS VEGAS, NV 89146-6531 US

SUBJECT: OXY BIOSCIENCES LLC
Ref. Number: W18000030839

We have received your document for OXY BIOSCIENCES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 518A00006466

RECEIVED
2018 APR 23 PM 2:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oxy Biosciences, 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:

Peter Van den Berghe

Name of Person

Oxy Biosciences, LLC

Firm/Company

2980 South Rainbow Boulevard

Address

Las Vegas, Nevada 89146-6531

City/State and Zip Code

lacasanueva@hotmail.com

Copy to: mroxygen@bellsouth.net

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

For further information concerning this matter, please call:

Edward McCabe

786

423-2653

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. Oxy Biosciences 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. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. Oxy Biosciences LLC
(Street Address of Principal Office)
via 3801 SW 33rd Street
West Park, FL, 33203

6. Oxy Biosciences LLC
(Mailing Address)
via 3801 SW 33rd Street
West Park, FL 33023

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

Name: Edward Joseph McCabe

Office Address: via 3801 SW 33rd Street

West Park, Florida 33023
(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.

by Edward Joseph McCabe (signature)
(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>Manager</u> | <u>Peter Van den Berghe</u> <u>Calle Minerva 5, Atlantico 1, 1</u> <u>Sosta Del Silencio-Arona, Can</u> | _____ | _____ |
| <u>Asst Financial Officer</u> | <u>Edward Joseph McCabe</u> <u>via 3801 SW 33rd Street</u> <u>West Park, FL 33023</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.

by Edward Joseph McCabe (signature)
Signature of an authorized person

by Edward Joseph McCabe

Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,


Oxy Biosciences, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 2, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000782818**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of April, 2018 at 11:49 AM. This certificate is assigned 026235119.




Secretary of State