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SECRETARY OF STATE
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COVER LETTER

O:	Registration Section Division of Corporations
	Ankor Biosciences LLC
JBJŁ	Name of Limited Liability Company
ne en xister	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate e, and check are submitted to register the above referenced foreign limited liability company to transact business in Flor
casc	turn all correspondence concerning this matter to the following:
	Surely Molina
	Name of Person
	Global Accounting and Tax Professional Corp
	Firm/Company
	7500 NW 25th Street, Suite 246
	Address
	Miami Florida 33122
	City/State and Zip Code
	sglobal.usa@gmail.com
	E-mail address: (to be used for future annual report notification)
or fur	ner information concerning this matter, please call:
	Surely Molina 305 640-5951 at ()
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
nclos	I is a check for the following amount: \$\Boxed{\text{S} \text{ 125.00 Filing Fee}} \Boxed{\text{Certificate of Status}} \Boxed{\text{S} \text{ 155.00 Filing Fee} \& \Delta \text{ \$\text{S} \text{ 160.00 Filing Fee}, Certified Copy}} \Boxed{\text{S} \text{ 160.00 Filing Fee}, Certified Copy}

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

'N COMPLIANCE WITH SECTION 695,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Ankor Biosciences LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Ankor Biosciences FL 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,") Applied For Colorado (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 12/06/2018 (Date first transacted business in Florida, it prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 7500 NW 25th Street, Suite 246 7500 NW 25th Street, Suite 246 (Street Address of Principal Office) Miami Florida 33122 Miami Florida 33122 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Surely Molina Name: 7500 NW 25th Street Suite 246 Office Address: Miami . Florida Registered agent's acceptance: Having been named as registered agent and to accepyservice of process for the above stated limited liability company at the place designated in this application, I hereby accept the applintment 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)

Title or Capacity:	dress of the person(s) who has/have authority to manage is/are: Name and Address:		
Manager	Surely Molina	_	
	7500 NW 25th Sreet, Suite 246	_	
	Miami Florida 33122	_	
			
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se attachments if necessary)		50	
attached is a certificate of existence	on the control of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is a foreign language, a translation of the certificate is a foreign language.	of reco	ords in the under oat
ne translator must be submitted)			
This document is executed in accormitted in a document to the Department to the Depa	rdance with section 605.0203 (1) (b), Florida Statutes 1 am aware that any falment of State constitutes a third degree felony as provided for in s.817.155, F.	se infor S.	mation
	Signature of an authorized per on		
	Surely Molina		

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I. Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Ankor Biosciences LLC

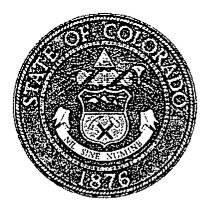
is a

Limited Liability Company

formed or registered on 12/06/2018 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181956107.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/17/2018 that have been posted, and by documents delivered to this office electronically through 12/18/2018 @ 17:33:09.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/18/2018 @ 17:33:09 in accordance with applicable law. This certificate is assigned Confirmation Number 11284656



Trypic N. Tollies

Secretary of State of the State of Colorado