

MI90000006203

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JUN 25 PM 4:41
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B KINSEY
JUN 26 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2019

JAMES FARES
2835 S JONES BLVD
LAS VEGAS, NV 89146

SUBJECT: FORTE BIO-PHARMA, LLC
Ref. Number: W19000055741

We have received your document for FORTE BIO-PHARMA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return 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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00011710

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Forte Bio-Pharma 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:

James Fares

Name of Person

Forte Bio-Pharma LLC

Firm/Company

2835 S. Jones Blvd.

Address

Las Vegas, NV 89146

City/State and Zip Code

jim.fares@fortebiopharma.com

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

For further information concerning this matter, please call:

James Fares

702

427-1038

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

RECEIVED

JUN 25 2013

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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. Forte Bio-Pharma LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(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. 82-4746476
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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. 2835 S. Jones Blvd. 6. 2835 S. Jones Blvd.
(Street Address of Principal Office) (Mailing Address)
Las Vegas, NV 89146 Las Vegas, NV 89146

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

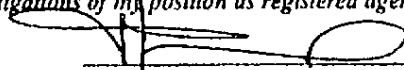
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(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.



Patricia Reyes on behalf of InCorp Services, Inc.

(Registered agent's signature)

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

☒ Manager Name: James Fares
☐ Member Address: 4318 Woodwell Street, Unit D
☐ Authorized Las Vegas, NV 89147
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Mehdi Ansarinia
☒ Member Address: 8916 Diamond Falls
☐ Authorized Las Vegas, NV 89117
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Todd Wittenbrock
☒ Member Address: 1427 Rancho Hills Drive
☐ Authorized Chino Hills, CA 91709
 Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: James Harris
☐ Member Address: 648 Mulford Road
☐ Authorized Wyncote, PA 19095
 Person _____
☐ Other _____ ☐ Other _____

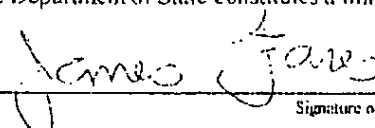
☐ Manager Name: Michael Coffee
☒ Member Address: 100 Via Los Altos
☐ Authorized Tiburon, CA 94920
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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
 James Fares

 Typed or printed name of signer

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FORTE BIO-PHARMA 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 TWENTY-NINTH DAY OF APRIL, A.D. 2019.



6735341 8300

SR# 20192938385

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 in a small font.

Authentication: 202726643

Date: 04-29-19