

N 2000000001648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

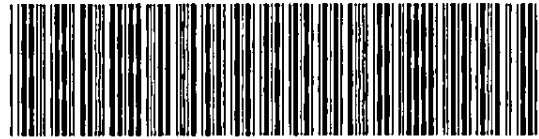
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 JAN 30 PM 3:40  
TALLAHASSEE, FLORIDA

45

01/30/20

COVER LETTER

TO: Registration Section  
Division of Corporations

DeMelle OncoPharma LLC

SUBJECT: \_\_\_\_\_  
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:

George Bobotas

\_\_\_\_\_  
Name of Person

DeMelle OncoPharma LLC

\_\_\_\_\_  
Firm/Company

1245 North Florida Avenue

\_\_\_\_\_  
Address

Tarpon Springs, FL 34689

\_\_\_\_\_  
City/State and Zip Code

gbobotas@aol.com

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

For further information concerning this matter, please call:

George Bobotas

908

240-8939

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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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:

DeMelle OncoPharma LLC

1. \_\_\_\_\_  
(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.")

State of Delaware

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

2/3/20

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

1245 North Florida Avenue

1245 North Florida Avenue

5. \_\_\_\_\_  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

Tarpon Springs, FL 34689

Tarpon Springs, FL 34689

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

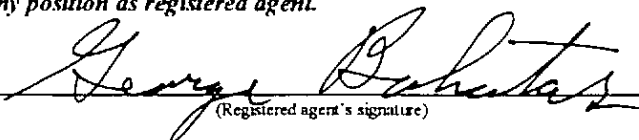
Name: George Bobotas

Office Address: 1245 North Florida Avenue

Tarpon Springs 34689  
\_\_\_\_\_, Florida \_\_\_\_\_  
(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.

  
(Registered agent's signature)

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: George Bobotas  
1245 North Florida Avenue  
☒ Member Address: Tarpon Springs, FL 34689  
☐ Authorized  
Person  
☐ Other CEO  
☐ Other

☐ Manager Name: Maria Bobotas  
1245 North Florida Avenue  
☒ Member Address: Tarpon Springs, FL 34689  
☐ Authorized  
Person  
☐ Other ☐ Other

☐ Manager Name: Demetra Dukas  
318 Rowena Lane  
☒ Member Address: Dunedin, FL 34698  
☐ Authorized  
Person  
☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Abdel Aziz Fawzy  
5096 Coronado Ridge  
☒ Member Address: Boca Raton, FL, 33486  
☐ Authorized  
Person  
☐ Other ☐ Other

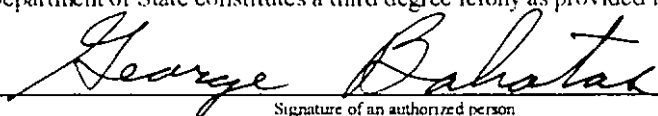
☒ Manager Name: Molecular Innovations, LLC  
131 Fairmount Road East  
☒ Member Address: Califon, New Jersey 07830-3113  
☒ Authorized  
Person  
☐ Other Roelof Rongen  
☐ Other

☐ Manager Name: Eleni Lelekis  
4431 Glenbrook Lane  
☒ Member Address: Palm Harbor, FL 34683  
☐ 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

George Bobotas

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 "DEMELLE ONCOPHARMA 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 ELEVENTH DAY OF JANUARY, A.D. 2020.

FILED  
2020 JAN 30 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



7197561 8300

SR# 20200119246

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202169314

Date: 01-11-20