

N200000006295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

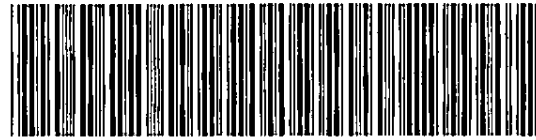
(Document Number)

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STATE TINY OF STATE  
TALLAHASSEE, FLORIDA

2020 JUL 16 PM 4:45

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7/23/20  
US

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 7/16/2020

Acc#I20160000072

*en: c SW*

Name:	VENTURA LIFE SCIENCES, LLC
Document #:	
Order #:	13119956

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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CLERK OF STATE  
20 JUL 16 PM 1:10

Availability _____
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W.P. Verifier _____
Ref# _____

Amount: \$ 155.00

Thank you!



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2020

CT CORP

**CORRECTED**  
**Please Allow For**  
**Same File Date**

SUBJECT: VENTURA LIFE SCIENCES, LLC  
Ref. Number: W20000075948

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

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 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.

Yvette Scott  
Document Specialist II

Letter Number: 120A00013645

RECEIVED  
2020 JUL 20 11:15

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. Ventura Life Sciences, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(PEI number, if applicable)

4. July 15, 2020  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 747 SW 2nd Avenue  
(Street Address of Principal Office)

6. 747 SW 2nd Avenue  
(Mailing Address)

IMB 31, Suite 195

IMB 31, Suite 195

Gainesville, Florida 32601

Gainesville, Florida 32601

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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: Kathryn A. Caldwell Asst Secretary  
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Douglas J. Swirsky</u>	<input type="checkbox"/> Manager	Name: <u>Manuela Corti</u>
<input checked="" type="checkbox"/> Member	Address: <u>c/o Ventura Life Sciences, LLC</u>	<input checked="" type="checkbox"/> Member	Address: <u>c/o Ventura Life Sciences, LLC</u>
<input type="checkbox"/> Authorized	<u>747 SW 2nd Avenue, IMB 31, Suite 195</u>	<input type="checkbox"/> Authorized	<u>747 SW 2nd Avenue, IMB 31, Suite 195</u>
Person	<u>Gainesville, Florida 32601</u>	Person	<u>Gainesville, Florida 32601</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Barry J. Byrne</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Philip R. Johnson</u>
<input checked="" type="checkbox"/> Member	Address: <u>c/o Ventura Life Sciences, LLC</u>	<input checked="" type="checkbox"/> Member	Address: <u>c/o Ventura Life Sciences, LLC</u>
<input type="checkbox"/> Authorized	<u>747 SW 2nd Avenue, IMB 31, Suite 195</u>	<input type="checkbox"/> Authorized	<u>747 SW 2nd Avenue, IMB 31, Suite 195</u>
Person	<u>Gainesville, Florida 32601</u>	Person	<u>Gainesville, Florida 32601</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:

Philip R. Johnson

33758C007A24F4

Signature of an authorized person

Philip R. Johnson, Managing Member

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 "VENTURA LIFE SCIENCES, 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 SIXTEENTH DAY OF JULY, A.D. 2020.

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

FILED  
2020 JUL 16 PM 4:45  
SECRETARY OF STATE  
DELAWARE, FLORIDA



3016240 8300

SR# 20206256270

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203292077

Date: 07-16-20