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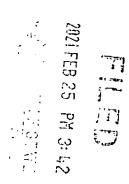


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TRA R. SHAPIRO, P.A.

ATTORNEYS AND COUNSELORS AT LAW :
BAYLEE EXECUTIVE CENTER • SUITE 225
16375 NORTHEAST 18TH AVENUE
NORTH MIAMI BEACH, FLORIDA 33162

IRA R. SHAPIRO BAYLEE L. SHIENBAUM DADE: (305) 944-3936 BROWARD: (954) 763-5801 FACSIMILE: (305) 944-3345 EMAIL: office@irarshapiropa.com

February 19, 2021

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Re: Oncology Drug Development LLC Authorization to Transact Business in Florida

To Whom It May Concern:

Please find enclosed an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, together with a current Certificate of Good Standing from the State of Pennsylvania where the company was originally registered, and my check in the amount of \$125.00 for the filing fee. Please file the registration for this company to transact business in Florida at your earliest opportunity. Thank you.

Sincerely.

TRAIR, SHAPIRO

IRS/gg Encl. g: Oncology 21921

COVER LETTER

ВЈЕСТ	ONCOLOGY DRUG DEVELOPMENT LI	ľ.C.				
	Name of Limited Liability Company					
e enclos istence,	ed "Application by Foreign Limited Liability Cand check are submitted to register the above (Company for Authorization telegraneed foreign limited	on to Transact Busines I liability company to	ss in Florid transact bu	la," Certi Isiness ir	
ase retu	irn all correspondence concerning this matter to	o the following:				
	IRA R. SHAPIRO					
		Name of Person			-	
	IRA R. SHAPIRO P.A.					
		Firm Company		202	_	
	16375 NE 18 AVENUE, SUITE 225			1FE8	41. ZE3	
		Address		2.5		
	NORTH MIAIMI BEACH, FL 33162			: P	; ; ; ;	
	(,	ity'State and Zip Code		ည်း <u>ကိ</u>	ر _ا مود: ۲۰۰۰ —	
	ONCOLOGYDRUGDEVELOPMENTI	.LC@GMAIL.COM		·		
	E-mail address; (to be	used for future annual re	port notification)			
r further	information concerning this matter, please cal	i.				
!}	RA R. SHAPIRO	305 at ()	944-3936			
	Name of Contact Person	Area Code	Daytime Telephor	ne Number		
Mailing Address: Registration Section		Street Address: Registration Sec				
Division of Corporations		Division of Corp The Centre of T				
P.O. Box 6327 Tallahassee, FL 32314			Street, Suite 810			

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

IN COMPLANCE WITH SECTION 6650902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, eater alternate i	nare adopted for the purpose of transacting business in Fair	en. The alternate name aims, include "Limit	ted Liability Company," "L.L.C," or "LLC
PENNSYLVANIA		463007747	
	high foreign limited liability company is organized,		number, it applicable)
(Jurisdiction under the law of w	high foreign fimited ballifusy company is organized;	(Fi:)	number, d'applicable)
January 1, 2021			
	(Date first transacted business in Florida, it prior to re (See sections 60), 10004 & 665 (buts, E.S. to determine	ustration.) -penalty-handay)	
400 90 STREET		250 95 STREET	
reet Address of Principal Office:		O. (Mailing Address)	202
SURFSIDE, FL 33154		P.O. BOX 546528	9373
		SURFSIDE, FL 33154-9	9998 VI 1
Name and <u>street addres</u> Name:	g of Florida registered agent: (P.O. Box IRA R. SHAPIRO		3:42
Office Address:	16375 NE 18 AVENUE, SUITE 225		
	N. MIAMI BLACH	33162 , Florida	
			1 .

Title or Capacity:	Name and Address:	Title or Capacit	<u>Name and Address:</u>
■Manager	Name: ADRIAN SENDEROWICZ	□Manager	Name:
■Member	Address: 250 95 STREET	□Member	Address:
□Authorized	P.O. BOX 546528	□Authorized	
Person	SURFSIDE, FL 33154-9998	Person	·
□Other	Other	□Other	Other
∐Manager	Name:	□Manager	Name: 6 12
□Member	Address:	□Member	Name: C 22 Address: T T C
∐Authorized		□Authorized	20 1
Person		Person	PA FI
Other	Othet	□Other	, υ, ω =
⊡Manager	Name:	□Manager	Name:
∃Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□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.

2/10/2021
Signature of an authorized person
Adrian Senderowicz

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

01/21/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

Oncology Drug Development LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE COMPANY OF THE CO

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC210121100466-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify