

M24000004386

(Requestor's Name)

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(Address)

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FILED

Apr 04, 2024 08:00 AM

Secretary of State

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CanceRx, 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:

Clifford S. Gibbons

Name of Person

CanceRx, LLC

Firm/Company

4830 West Kennedy Blvd., Suite 600

Address

Tampa, Florida 33609-2584

City/State and Zip Code

Gibbons@CANCERX.us

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

For further information concerning this matter, please call:

Clifford S. Gibbons	202	783-6000
_____ Name of Contact Person	at (_____) 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**

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
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FILED
Apr 04, 2024 08:00 AM
Secretary of State

**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. CanceRx, 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 (File No. 5535869) 3. 93-4677022
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. No business transactions by CanceRx, LLC in Florida as of this filing date.
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>4830 West Kennedy Blvd.</u> (Street Address of Principal Office) <u>Suite 600</u> <u>Tampa, Florida 33609-2584</u>	6. <u>4830 West Kennedy Blvd.</u> (Mailing Address) <u>Suite 600</u> <u>Tampa, Florida 33609-2584</u>
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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:	<u>Clifford S. Gibbons</u>
Office Address:	<u>4830 West Kennedy Blvd., Suite 600</u>
	<u>Tampa</u> , Florida <u>33609-2584</u>
	(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.

Clifford S. Gibbons
(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 checked="" type="checkbox"/> Manager	Name: <u>Clifford S. Gibbons</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>4830 West Kennedy Blvd. Suite</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Tampa, Florida 33609</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Clifford S. Gibbons</u>	Person	_____
<input type="checkbox"/> Other <u>President</u>	<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 _____
<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.



Signature of an authorized person

Clifford S. Gibbons

Typed or printed name of signee

From: :
Sent: Thursday, July 18, 2024 1:06 PM
To:
Subject: RE: CANCERX, LLC
Attachments: CANCERX, LLC - Delaware Certification- Florida Department of State April 5, 2024.pdf

EMAIL RECEIVED FROM EXTERNAL SOURCE

The attachments/links in this message have been scanned by Proofpoint.

Attached is the CANCERX, LLC Certificate of Status in Florida.

Obtaining the Certificate of Status from Delaware took us months. It was so long that we were running against a 60-day Florida filing deadline window. We paid Delaware all kinds of expedited fees to obtain this document. We had the Delaware Certificate sent by FedEx to Tracy L. Lemieux at the Florida Department of State Division of Corporations. We did not receive a copy of that FedEx document your office received directly.

Here's the link to the Delaware Department of State, Division of Corporations to obtain the CanceRx, LLC status report

<https://icis.corp.delaware.gov/Ecorp/EntitySearch/NameSearch.aspx>

Entity Name: CANCERX, LLC

File No. 5535869

Thank you for removing the *CanceRx*, LLC rejection from the online registration system.

Please continue to let me know all I can do to assist you and your office with this request.

Thank you for your assistance and email. Communicating by email is refreshing after months of sending USPTO mail back and forth on this matter.

Clifford S. Gibbons



CLIFFORD S. GIBBONS
CANCERX, LLC, MANAGING DIRECTOR
EXECUTIVE DIRECTOR, *CANCERX* FOUNDATION
BOARD OF DIRECTORS, *CANCERX* FOUNDATION

State of Florida



Department of State

I certify the attached is a true and correct copy of the application by CANCERX, LLC, a Delaware limited liability company, authorized to transact business within the state of Florida on April 4, 2024, as shown by the records of this office.

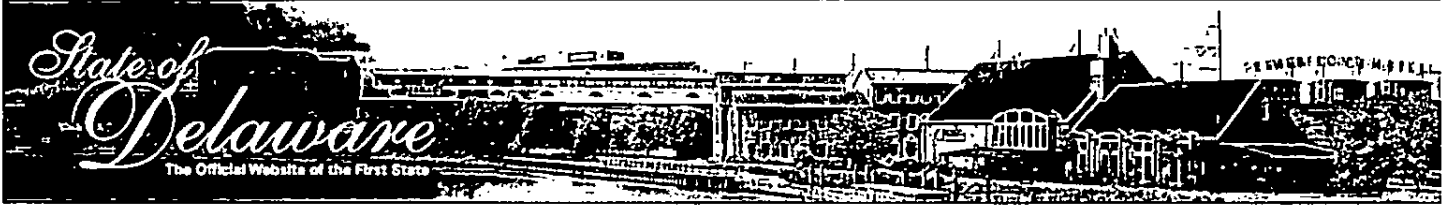
The document number of this limited liability company is M24000004386.



Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fifth day of April, 2024




Cord Byrd
Secretary of State



Department of State: Division of Corporations

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Entity Details

THIS IS NOT A STATEMENT OF GOOD STANDING

File Number: 5535869 **Incorporation Date / Formation Date:** 5/19/2014 (mm/dd/yyyy)

Entity Name: CANCERX, LLC

Entity Kind: Limited Liability Company **Entity Type:** General

Residency: Domestic **State:** DELAWARE

REGISTERED AGENT INFORMATION

Name: BUSINESS FILINGS INCORPORATED

Address: 108 WEST 13TH ST

City: WILMINGTON **County:** New Castle

State: DE **Postal Code:** 19801

Phone: 800-981-7183

Additional Information is available for a fee. You can retrieve Status for a fee of \$10.00 or more detailed information including current franchise tax assessment, current filing history and more for a fee of \$20.00.

Would you like ☐ Status ☐ Status, Tax & History Information

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