

N180000000024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

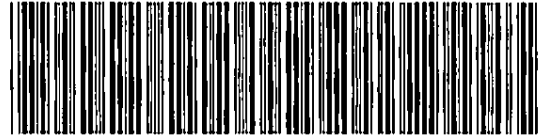
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100305320131

11/08/17--01011--003 \*\*137.50

FILED

18 JAN -2 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 03 2018  
T SCHROEDER

## COVER LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Domestication of Novel Pharmaceuticals Institute , INC.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

**FEES:**

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

**OPTIONAL:**

Certificate of Status	\$ 8.75
-----------------------	---------

Novel Pharmaceuticals Institute , INC.

Name (printed or typed)

4851 W. Hillsboro Blvd., Suite A-1

Address

Coconut Creek, FL 33073

City, State & Zip

561-571-1198

Daytime Telephone Number

dkantor@KantorNeurology.com

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

**NOT FOR PROFIT  
CERTIFICATE OF DOMESTICATION**

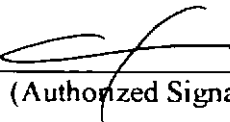
The undersigned Daniel Kantor, President  
(Name) (Title)  
of Novel Pharmaceuticals Institute a foreign Corporation  
(Corporation Name)

in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was February 4, 1991
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Texas
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Novel Pharmaceuticals Institute
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is Novel Pharmaceuticals Institute, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Incorporated in Texas; Foreign corporation in Tennessee (Franklin, TN)
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am Daniel Kantor, of Novel Pharmaceuticals Institute, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 05 day of October, 2017

  
(Authorized Signature)

**Filing Fee:**  
**Certificate of Domestication**  
**Articles of Incorporation and Certified Copy**  
**Total to domesticate and file**

**\$50.00**  
**\$78.75**  
**\$128.75**

**FILED**  
**18 JAN -2 AM 11:42**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S. (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be:

**Novel Pharmaceuticals Institute, INC.**

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailing address shall be:

Principal Address

Mailing Address

**4851 W. Hillsboro Blvd., Suite A-1**

**4851 W. Hillsboro Blvd., Suite A-1**

**Coconut Creek, FL 33073**

**Coconut Creek, FL 33073**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized:

(i) To promote, support and organize biomedical research and education, with potential for development of new classes  
of pharmaceuticals or new therapeutic advances in the treatment of human diseases.

(ii) To conduct and fund research projects both directly and collaboratively  
involving said novel therapeutic compounds and treatments.

(iii) To promote training and education in the laboratory sciences in areas related to the research objectives of the corporation.

(iv) To procure funding from external sources, as well as by management of revenue within the corporation  
to sustain said research and educational activities.

**FILED**  
18 JAN - 2 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The ~~corporation~~ corporation is governed by a board made up of at least 3 members.

The board elects the directors for renewable two-year terms by a majority vote.

**ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS**

The name(s) and address(es) and specific title(s):

Title/Name

President/Daniel Kantor

4851 W. Hillsboro Blvd., Suite A-1

Coconut Creek, FL 33073

Title/Name

Treasurer/Phil Nixon

101 Forrest Crossing Blvd., #103

Franklin, TN 37064

Title/Name

Director/Randolph Quigley

101 Forrest Crossing Blvd., #103

Franklin, TN 37064

Title/Name

Secretary/Amy Brown

101 Forrest Crossing Blvd., #103

Franklin, TN 37064

Title/Name

Director/Ruth Woodall

101 Forrest Crossing Blvd., #103

Franklin, TN 37064

Title/Name

Director/Tina Thornton Smith

101 Forrest Crossing Blvd. #103

Franklin, TN 37064

FILED  
18 JAN -2 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Daniel Kantor

4851 W. Hillsboro Blvd, Suite A-1

Coconut Creek, FL 33073

**ARTICLE VII INCORPORATOR**

The **name and address** of the incorporator is:

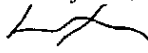
Daniel Kantor

4851 W. Hillsboro Blvd., Suite A-1

Coconut Creek, FL 33073

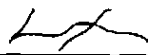
FILED  
18 JAN -2 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
Signature/Registered Agent

10/05/2017

Date

  
Signature/Incorporator

10/05/2017

Date