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07 DEC 26 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

COVER LETTER

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

SUBJECT: Protix Therapeutics, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Protix Therapeutics Inc, Attn: Dr. Nagi Ayad
Name (Printed or typed)

8860 Briarwood Meadow Lane
Address

Boynton Beach, Florida 33437
City, State & Zip

561-622-1390
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2007

PROTIX THERAPEUTICS INC ATTN: DR NAGI AYAD
8860 BRIARWOOD MEADOW LANE
BOYNTON BEACH, FL 33437

SUBJECT: PROTIX THERAPEUTICS, INC.
Ref. Number: W07000051123

We have received your document for PROTIX THERAPEUTICS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

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 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 407A00060721

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Protix Therapeutics, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8860 Briarwood Meadow Lane

Boyton Beach, Flويدa 33437

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESEARCH

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Dr. Nagi Ayad

~~Dr.~~
Mr. Donny Strosberg

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Darlene Refici
1155 Main Street #107
Jupiter, F.L 33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

8860 BRIARWOOD MEADOW LANE
BOYNTON BEACH, FL 33437

Having been named as registered agent 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

LTS, Dar LLC Darlene Refici 10/23/2007
Signature/Registered Agent Date

Signature/Incorporator

Date

N26.A

Nagi Ayad

Donny Stroberg

Donny Stroberg

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I hereby am familiar with and accept the duties and responsibilities of registered Agent.

Darlene Refici