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(Ře	equestor's Name)			
(Ad	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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06/09/14--01026--017 **128.75

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Office Use Only

114-36336 MD6/18

COVER LETTER

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

SUBJECT

Repurposed Therapeutics, 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 \$ 78.75 Total to domesticate and file \$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

Repurposed Therapeutics, Inc.

Name (printed or typed)

324 S. Hyde Park Avenue, Suite 350

Address

Tampa, Florida 33606

City, State & Zip

813.864.2557

Daytime Telephone Number

trenner@hedgepathpharma.com

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



June 11, 2014

REPURPOSED THERAPEUTICS, INC. 324 S. HYDE PARK AVE., SUITE 350 TAMPA, FL 33606

SUBJECT: REPURPOSED THERAPEUTICS, INC.

Ref. Number: W14000036336

We have received your document for REPURPOSED THERAPEUTICS, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 414A00012642

www.sunbiz.org

DO DOW GOOD BUILD THE CLO

CERTIFICATE OF DOMESTICATION

Th	e undersigned, James A. McNulty, CPA	, CFO	. •			
	(Name)	(Title)	14 SE			
of	Professional Support Services, Inc.	a forei	gnicorposition,			
in	(Corporation Name) accordance with s. 607.1801, Florida Statutes, does hereby	certify:	TARY O			
1.	The date on which corporation was first formed was Fel	oruary 9				
2.	2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Missouri, USA					
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication was Professional Support Services, Inc.					
4.						
	s. 607.0202 and 607.0401 with this certificate is Repur	posed Therapeutics	s, 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 Missouri, USA					
6.	Attached are Florida articles of incorporation to complete to s. 607.1801.	e the domestication requi	rements pursuant			
I a	m James A. McNulty, CPA , of Repurposed Therapeut	tics, Inc.				
	d am authorized to sign this Certificate of Domestication of this the 18th day of May		on and have done 2014			
30	this the day of		·			
	(Authorized Signatu	re)				
	Filing Fee:					
	Certificate of Domestication	\$ 50.00				
	Articles of Incorporation and Certified Total to domesticate and file	d Copy <u>\$ 78.75</u> \$128.75				
	i diai to udinesticate and the	⊅140./ ∂				

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME		
THE NAME OF THE CORPORATION SHALL BE:		Dec -
Repurposed Therapeutics, Inc.		1000 5
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address	Mailing Address	JUN 17 PH 3: 13 THETARY OF STATE AHASSEE, FLORID
324 S. Hyde Park Avenue, Suite 350	same	
Tampa, Florida 33606		¥
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THE NUMBER OF SHARES OF STOCK IS: 5,000,000 COMMON AND

1,000,000 Preferred ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Title/Name Title/Name President / Dr. Francis E. O'Donnell, Jr. 324 S. Hyde Park Avenue, Suite 350 Tampa, Florida 33606 Title/Name Title/Name Chief Financial Officer / James A. McNulty, CPA 324 S. Hyde Park Avenue, Suite 350 Tampa, Florida 33606 Title/Name Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

James A. McNulty, CPA

324 S. Hyde Park Avenue, Suite 350

Tampa, Florida 33606

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

James A. McNulty, CPA

324 S. Hyde Park Avenue, Suite 350

Tampa, Florida 33606

SECRETARY OF STATE FALLAHASSEF, 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

Signature/Incomprator

Date

H