

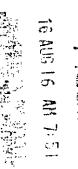
(Requestor's Name)		
(Address)		
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
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COVER LETTER

10:	Division of Cor					
SHRII	ECT. NEURO PI	HARMALOGICS,INC.				
SCH	<u>.</u>	Name of	Resulting Flo	orida Profit	Corporation	
		e of Conversion, Article Profit Corporation" in ac	•		ees are submitted to convert an "Othe 15, F.S.	r Business
Please	return all corresp	oondence concerning this	s matter to:			
Albert	B. Maggio, Jr., P.	A .				
		Contact Person				
CRGC) Law					
		Firm/Company	•			
7900	Glades Road, S	uite520				
		Address				
BocaF	Raton,FL 33434					•
_		City, State and Zip Cod	e			
amag	gio@crgolaw.con	า				
H	E-mail address: (t	o be used for future annu	ual report not	ification)		
For fu	rther information	concerning this matter,	please call:			
Albert	B. Maggio, Jr.		_at (922-3	8836	
	Name of Co	ontact Person	Ar	ea Code and	l Daytime Telephone Number	
Enclos	sed is a check for	the following amount:				
\$ 10	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 l and Certific	_	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
New F Division Cliftor	ET ADDRESS: Cilings Section on of Corporation on Building Executive Center			New F Division P. O. F	ING ADDRESS: illings Section on of Corporations Box 6327 assee, FL 32314	

Tallahassee, FL 32301

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
NEURO PHARMACOLOGICS LLC
Enter Name of Other Business Entity
2. The "Other Business Entity" is a
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
November 7, 2012 on .
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
NEURO PHARMALOGICS, INC.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Page 1 of 2

• • • •	
Signed thisday of	, 20 <u></u> .
Required Signature for Florida Profit Corporation:	
Signature of Chairman, Vice Chairman, Director, Office Incorporator: Printed Name: David D. Muth Title: President	er, or, if Directors or Officers have not been selected, an
Required Signature(s) on behalf of Other Business I	Entity: [See below for required signature(s).]
Signature	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	Partnership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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

The name of the	e corporation shall be:	GICS,INC.	
ARTICLE II The principal pl	PRINCIPAL OFFICE lace of business/mailing address is:		
FAU TECH RU	Principal street address JNWAY		Mailing address, if different is:
901 NW 35TH	STREET		
BOCA RATON	, FL 33431		
	PURPOSE or which the corporation is organized is:		
	ription pharmaceutical products and all othe	er lawful purpose	es.
ADMICI E III	CHARRO		
The number of	SHARES 50,000,000 shares of stock is:		
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	ECTORS	
Name and Title	DAVID MUTH, PRESIDENT & CEO,D	Name and Titl	e:
Address:	901NW 35TH STREET	Address:	901NW 35THSTREET
BOCA RATON, FL 33431	BOCA RATON, FL 33431		BOCA RATON, FL 33431
Name and Title	KENNETH DAWSON SCULLY, VP, S, D	Name and Titl	e:
Address:	901NW 35TH STREET	Address:	
7 100.000	BOCA RATON, FL 33431		
Name and Title	GEORGE THORNTON, D	Name and Titl	c:
Name and Title Address:	901NW 35TH STREET	Address:	
	BOCA RATON, FL 33431	Audress.	

	E VI REGISTERED AGENT	
The <u>name</u>	and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:
Name:	ALBERT B. MAGGIO, JR., P.A.	
Address:	CRGO Law 7900 Glades Road Ste520	
	BOCA RATON, FL 33434	
<u>ARTICL</u>	E VII INCORPORATOR	
The <u>name</u>	and address of the Incorporator is:	
Name:	DAVID D. MUTH	
Address:	901NW 35TH STREET	
	BOCA RATON, FL 33431	

	10600 PM10 FF	8/4/11
-6	Required Signature/Registered Agen	Date Date
I submit ti	his document and affirm that the facts state	/ d herein are true. I am aware that any false information submitted in a
document	to the Department of State constitutes a thir	d degree felony as provided for in s.817.155, F.S.
<	to Late Dutt	E/n/K
	Required Signature/Incorporator	Date

Required Signature/Incorporator