

P96000070293
TRANSMITTAL LETTER

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

ENCLOSURE
-08/21/96--01037--005
****133.00 ****133.00

SUBJECT: SFB Therapeutics, Inc.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Shawn F. Boyle
Name (printed or typed)
1650 N.W. 110th Avenue, Apartment #207
Address
Plantation, Florida 33322
City, State & Zip
954-236-0563
Daytime Telephone number

FILED
2008 AUG 21 PM 3:05
TALLAHASSEE, FLORIDA
8/22/96
TB

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be SFB Therapeutics, Inc.

ARTICLE II

The principal place of business and mailing address of the corporation shall be 1650 N.W. 110th Avenue, Apartment #207, Plantation, Florida 33322.

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100).

ARTICLE IV

The name and address of the initial registered agent is: Marissa D. Kelley, 500 East Broward Blvd., Suite 1800, Fort Lauderdale, Florida 33394.

ARTICLE V

The name and street address of the incorporator to these Articles of Incorporation is: Shawn F. Boyle, 1650 N.W. 110th Avenue, Apartment #207, Plantation, Florida 33322.

1996 The undersigned incorporator has executed these Articles of Incorporation this day of August, 1996.


Shawn F. Boyle

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SFB Therapeutics, Inc.

2. The name and address of the registered agent and office is:

Marissa D. Kelley

(NAME)

500 East Broward Blvd., Suite 1800

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Fort Lauderdale, Florida 33394

(CITY/STATE/ZIP)

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 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Marissa Kelley
(SIGNATURE)

8-15-91
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314