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Florida Department of State  
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Foreign Limited Liability Company  
**BIOTEX PHARMA INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

302 112:03

S. FRANKLIN  
MAR 24 2023

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

BIOTEX PHARMA INVESTMENTS, LLC

Name of foreign limited liability company; must include "limited liability company," "LLC," or "L.L.C."

State or states of incorporation, formation, or jurisdiction for the purpose of transacting business in Florida. The above name must include "limited liability company," "LLC," or "L.L.C."

Delaware

Country of origin of the foreign limited liability company (if applicable)

(If none, not applicable)

01-01-2023

(Date first transacted business in Florida. If prior to registration, please specify (DD/MM/YYYY) (U.S. to determine public holiday)

12091 NEPTUNE PEAK DRIVE

12091 NEPTUNE PEAK DRIVE

Street Address (Physical)

Mailin Address

BOYNTON BEACH, FL 33473

BOYNTON BEACH, FL 33473

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ROBERT KESSLER

Office Address: 12091 NEPTUNE PEAK DRIVE

BOYNTON BEACH Florida 33473 (zip code)

Received 01-01-2023 11:00:11 AM

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Robert Kessler

(Type name, agent's verification)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:                      Name and Address:

Manager                      Name: ROBERT KESSLER

Member                      Address: 12091 NEPTUNE PEAK DR

Authorized                      BOYNTON BEACH, FL 33473

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

Manager                      Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager                      Name: \_\_\_\_\_

Member                      Address: \_\_\_\_\_

Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

*Robert Kessler*

Signature of an authorized person

ROBERT KESSLER-MEMBER

Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOTEX PHARMA INVESTMENTS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIOTEX PHARMA INVESTMENTS, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

*Handwritten notes:*  
 11/15/23  
 11/15/23  
 11/15/23



*Handwritten signature:* Jeffrey W. Bullock  
 Jeffrey W. Bullock, Secretary of State

4649521 8300

SR# 20231117642

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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