

F24000003530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

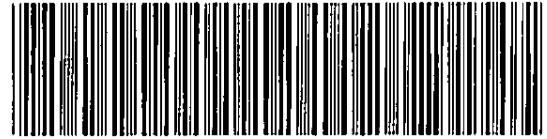
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24000025590

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2024

REPUBLIC REGISTERED AGENT, LLC  
1150 NW 72ND AVE TOWER 1 STE 455  
MIAMI, FL 33126 US

SUBJECT: APOZEAL PHARMACUETICALS,INC  
Ref. Number: W24000025590

We have received your document for APOZEAL PHARMACUETICALS,INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please review and verify that the entity name noted on your application corresponds with the name noted on your Certificate of Good Standing / Existence.,

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) 245-6051.

Corey Pettway  
Regulatory Specialist II

Letter Number: 424A00003366

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** APOZEAL PHARMACEUTICALS INC  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SADATHULLA SHARIEF

\_\_\_\_\_  
Name of Person

APOZEAL PHARMACEUTICALS, INC

\_\_\_\_\_  
Firm/Company

2091 HARTEL ST.

\_\_\_\_\_  
Address

LEVITTOWN, PENNSYLVANIA, 19057

\_\_\_\_\_  
City/State and Zip code

FACILITY@APOZEALPHARMA.COM | SSHAREEF@APOZEALPHARMA.COM

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

For further information concerning this matter, please call:

SADATHULLA SHARIEF

at ( 516 ) 859-4292

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee       \$78.75 Filing Fee & Certificate of Status       \$78.75 Filing Fee & Certified Copy       \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. APOZEAL PHARMACEUTICALS INC  
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PENNSYLVANIA 3. 93-3196226  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/29/2023 5. PERPETUAL  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. N/A  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2091 HARTEL ST., LEVITTOWN, PA, 19057  
 (Principal office street address)

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(Current mailing address, if different)

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

Name: REPUBLIC REGISTERED AGENT, LLC

Office Address: 1150 NW 72ND AVE TOWER 1 STE 455

MIAMI, Florida 33126  
 (City) (Zip code)

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**9. Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

*Lovette Dobson*  
 \_\_\_\_\_  
 (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: SADATHULLA SHAREEF  
 Vice Chairman Address: 2091 HARTEL ST.  
 Director LEVITTOWN, PA. 19057  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

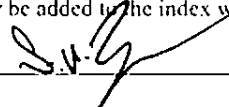
Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 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.

12.   
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. SADATHULLA SHAREEF  
 (Typed or printed name and capacity of person signing application)

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T:717-787-1057  
dos.pa.gov/BusinessCharities

**Regarding:** APOZEAL PHARMACEUTICALS INC  
**Request Type:** Subsistence Certificate **Issuance Date:** January 09, 2024  
**Request No.:** 028302426 **File No.:** 0013564878  
**Receipt No.:** 000852826  
**Filing Type:** Domestic Business Corporation  
**Filing Subtype:** Business  
**Initial Filing Date:** August 29, 2023  
**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

APOZEAL PHARMACEUTICALS INC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed. the day and year above written

A handwritten signature in black ink, appearing to read "Albert Schmidt". The signature is written in a cursive style with a long, sweeping tail.

**Albert Schmidt**  
Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)