

F2500000518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

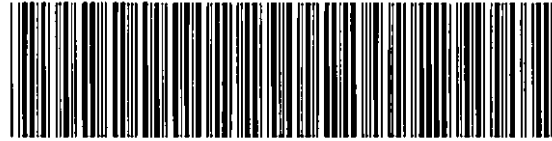
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. LEMIEUX
JAN 28 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clozex Medical 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:

Barrett Johnston
Name of Person
Clozex Medical Inc
Firm/Company
124 Grove Street Suite 302
Address
Franklin, MA 02038
City/State and Zip code
wecare@act-cpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barrett Johnston 781 237-1673
Name of Person at () 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. Clozex Medical Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 83-1458855
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/03/2003 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 11/11/2024
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 124 Grove Street Suite 302, Franklin, MA 02038
(Principal office street address)
- _____
(Current mailing address, if different)

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(City) (Zip code)

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.

David Roberts

(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: Matthew M Papagno
☐ Vice Chairman Address: 124 Grove Street Suite 302
☐ Director Franklin, MA 02038
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Barrett Johnston
☐ Vice Chairman Address: 124 Grove Street Suite 302
☐ Director Franklin, MA 02038
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Chief Operating Officer ☐ Other _____

☐ Chairman Name: Mark H Madden
☐ Vice Chairman Address: 124 Grove Street Suite 302
☐ Director Franklin, MA 02038
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Mark H Madden
☐ Vice Chairman Address: 124 Grove Street Suite 302
☐ Director Franklin, MA 02038
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Gary Zentner
☐ Vice Chairman Address: 124 Grove Street Suite 302
☒ Director Franklin, MA 02038
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Mark H Madden
☐ Vice Chairman Address: 124 Grove Street Suite 302
☒ Director Franklin, MA 02038
☐ 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. See Attachment I

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. _____

Barrett Johnston

(Typed or printed name and capacity of person signing application)

Clozex Medical Inc
Foreign Profit Corporation Application

Attachment 1

11. Additional List of Directors

Director Harry Rubash MD
 124 Grove Street Suite 302
 Franklin, MA 02038

Director Nicholas Patterson
 124 Grove Street Suite 302
 Franklin, MA 02038

Director Tony Antonaccio
 124 Grove Street Suite 302
 Franklin, MA 02038

Director John Lazor MD
 124 Grove Street Suite 302
 Franklin, MA 02038

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CLOZEX MEDICAL, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF DECEMBER, A.D.
2024.


Jeffrey W. Bullock, Secretary of State

3610434 8300

SR# 20244604406

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205232704

Date: 12-26-24