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14 MAR 24 AM 9:59
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TALLAHASSEE, FLORIDA

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DATE: 03-24-14

NAME: VITAE DIAGNOSTICS INCORPORATED

TYPE OF FILING: FOREIGN QUALIFICATION -CORPORATION

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VITAE DIAGNOSTICS INCORPORATED
Name of corporation - must include suffix

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

ISSAM KABBANI
Name of Person
VITAE DIAGNOSTICS INCORPORATED
Firm/Company
3848 DEL AMO BLVD. SUITE 303
Address
TORRANCE, CA 90503
City/State and Zip code
Skabbani@knkconsult.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristie Greenleaf at (310) 596-8030
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$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. VITAE DIAGNOSTICS INCORPORATED
(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. CALIFORNIA 3. 46-4105985
(State or country under the law of which it is incorporated) (FEL number, if applicable)

4. NOVEMBER 13, 2013 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 3848 DEL AMO BLVD #303 TORRANCE, CA 90503
(Principal office address)

3848 DEL AMO BLVD #303 TORRANCE, CA 90503
(Current mailing address)

8. CLINICAL LABORATORY
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Florida Filing + Search Services, Inc.

Office Address: 155 Office Playa Dr.

Tallahassee, Florida 32301
(City) (Zip code)

10. 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.

Abbie Hodge
(Registered agent's signature)

11. 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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ISSAM KABBANI

Address: 3848 DEL AMO BLVD #303

TORRANCE, CA 90503

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ISAAM KABBANI

Address: 3848 DEL AMO BLVD #303

TORRANCE, CA 90503

Vice President: NOWAR KABBANI

Address: 3848 DEL AMO BLVD #303

TORRANCE, CA 90503

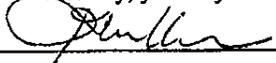
Secretary: NOWAR KABBANI

Address: 3848 DEL AMO BLVD #303 TORRANCE, ~~CA~~ CA 90503

Treasurer: FOR ISAAM KABBANI

Address: 3848 DEL AMO BLVD #303 TORRANCE, CA 90503

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. ISAAM KABBANI, PRESIDENT

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

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STATE DEPARTMENT OF STATE
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State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

VITAE DIAGNOSTICS INCORPORATED

FILE NUMBER: C3618255
FORMATION DATE: 11/13/2013
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of March 24, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State