F14000001426

(Re	questor's Name)					
(ΔΑ)	dress)					
(Au	ulessj					
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
	-					
(Bu	siness Entity Na	me)				
(Do	cument Number)					
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
		ļ				

Office Use Only



900258417449

03/31/14--01039--010 **70.00

HILED

MAR 31 MIN 29

MAR 31 MIN 29

~ 04/01/14

COVER LETTER

	Filing Section	ations			
SUBJECT:	•	age Technolo	aies. In	IC.	
SUBJECT:		Name of corpora			
Dear Sir or M	1adam·				
Dear on or iv	ragam.				
"Certificate o	of Existence," of	by Foreign Corporation or "Certificate of Good rporation to transact bu	Standing" a	nd check are sul	act Business in Florida," bmitted to register the
Please return	all correspond	ence concerning this m	atter to the t	following:	
Sylvia L	.ewis			-	
		Name	e of Person		
BioStora	age Tech	nologies, Inc			
		Firm/	Company		
2910 Fc	ortune Ci	rcle W, Ste E			
			ddress		
Indiana	polis, IN	46241			
		City/Sta	ate and Zip c	ode	
ap@bios	storage.co	m			
	E	-mail address: (to be u	sed for futur	e annual report	notification)
For further in:	formation cond	erning this matter, plea	ase call:		to the state of th
Sylvia L	ewis	317	7 , 39		•
	e of Person			Daytime Teleph	one Number
New I Divisi Clifto 2661 I Tallah	Filing Section ion of Corpora n Building Executive Cen nassee, FL 323	ter Circle 01		MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a	check for the f	ollowing amount:			
■ \$70.00 Fili	ing Fee	\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed 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	ge Technologies, Inc.						
(Enter name of c	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	ΞD,	" "COMPANY," "CORPORATION	33			
,	(, , , , , , , , , , , , , , , , , , ,						
	able in Florida, enter alternate corporate na	me		business	in Flor	ida)	
2. Delaware		3.	_{3.} <u>20-0628587</u>				
•	under the law of which it is incorporated)		(FEI number, if applicable)				
4. 12/19/20	03	5.	Perpetual				
(Date	of incorporation)		(Duration: Year corp. will cease to	exist or "p	erpetua	al")	
6.							
			Florida, if prior to registration)				
2040 5-4			502, F.S., to determine penalty liability	<i>(</i>)			
7. 29 10 Fort	une Circle W, Ste E Ind						
0040 = -4	(Principal office a		•				
2910 Font	une Circle W, Ste E India		•				
	(Current mailing a	addı	ress)				
。Drop shir	pping medical test kits in	to	Florida				
··) of corporation authorized in home state or			da)			
-	•		•	288 2188	14		
9. Name and stree	t address of Florida registered agent: (). Box <u>NOT acceptable</u>)	돌품	35		
Name:	CT Corporation System	n		8	MAR 3	1 4	
Office Address:	1200 South Pine Island I	₹c	ad	in es			
	Plantation		, Florida 33324)	
	(City)		(Zip code)	2	111: 29		
10. Registered ag	ent'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.

> James M. Halpin **Assistant Secretary** stered 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Please see attached list Address: __ Vice Chairman: Address: Address: **B. OFFICERS** President: Please see attached list Address: ___ Vice President: Address: ___ Secretary: _ Address: _ Treasurer: _____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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

are true and that he or she is aware that false information submitted in a document to the Department of State constitute a third degree felony as provided for in s.817.155, F.S.

14. Michael Reffeitt, CFO



Board of Directors

F. John Mills, M.D., PhD. 8031 Collingwood Court University Park, FL 34201

Greg Swanberg 503 E. Ohio Street, #513 Indianapolis, IN 46204

Michael Alley 10327 Windemere Carmel, IN 46032

David Mann 8178 Heyward Drive Indianapolis, IN 46250

George M. Milne, Jr., Ph.D. 30 Bishop Bay Niantic, CT 06357

Jordan S. Davis 400 Madison Avenue, 8th Floor New York NY 10017

Thomas J. Newman 17 Spyglass Road Skillman, NJ 08558

Corporate Officers

Greg Swanberg 503 E. Ohio Street, #513 Indianapolis, IN 46204

Michael G. Reffeitt 3597 Hounds Crossing Carmel, IN 46032

Lori Ball 1320 N. New Jersey Indianapolis, IN 46202 CHAIRMAN

SECRETARY OF STATE

4 MAR 31 AH 11: 2

Chief Executive Officer

Chief Financial Officer

Chief Operating Officer

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BIOSTORAGE TECHNOLOGIES, 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 THIRTEENTH DAY OF

MARCH, A.D. 2014.

FILED

14 MAR 31 AN II: 29

SECRETAR FOR TALLAHESSEP TALLAHESSEP

3743830 8300

140322535

AUTHENTY CATION: 1206233

DATE: 03-13-14

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