

F18000001603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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18 APR -4 PM 4:47
CLERK OF COURT
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J. LEGGETT
APR 05 2018

118000027479



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2018

RAYMOND J LIPA
3135 S STATE STREET, SUITE 300
ANN ARBOR, MI 48108 US

SUBJECT: KNOVALENT, INC.
Ref. Number: W18000027479

We have received your document for KNOVALENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$800.00.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 118A00005692

RECEIVED

APR 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations
Knovalent, Inc.

SUBJECT: _____
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:
Raymond J. Lipa

_____	Name of Person
Knovalent, Inc.	
_____	Firm/Company
3135 S. State Street, Suite 300	
_____	Address
Ann Arbor, MI 48108	
_____	City/State and Zip code
Susan.Bushway@Knovalent.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond J. Lipa	734	996-8300
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.*

Knovalent, Inc.

1. _____
(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)
Michigan 38-2788276

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
March 28, 1988 (date filed)

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
June, 2016

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
3135 S. State Street, Suite 300 Ann Arbor, MI 48108

7. _____
(Principal office 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: 3030 N. Rocky Point Drive, STE 150A
TAMPA, Florida 33607
(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.



Bill Havre/Secretary/Registered Agents Inc.

(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.

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18 APR -4 PM 4:47
CLERK OF THE COURT
TAMPA, FLORIDA

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

A. DIRECTORS

Chairman: n/a

Address: _____

Vice Chairman: n/a

Address: _____

Director: Matthew J. Bresson

Address: 3135 S. State Street, Suite 300

Ann Arbor, MI 48108

Director: Raymond J. Lipa

Address: 3135 S. State Street, Suite 300

Ann Arbor, MI 48108

B. OFFICERS

President: Matthew J. Bresson

Address: 3135 S. State Street, Suite 300

Ann Arbor MI 48108

Vice President: _____

Address: _____

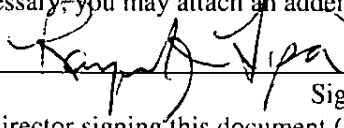
Secretary: Raymond J. Lipa

Address: 3135 S. State Street, Suite 300 Ann Arbor, MI 48108

Treasurer: _____

Address: _____

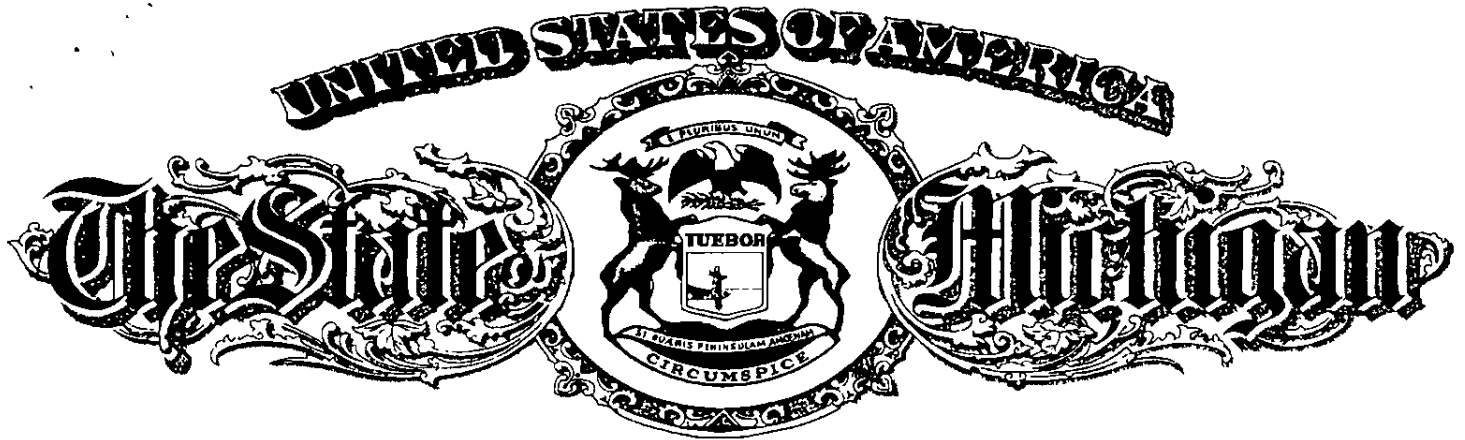
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. Raymond J. Lipa

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



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

KNOVALENT, INC.

*was validly incorporated on March 28 , 1988 as a Michigan DOMESTIC PROFIT CORPORATION,
and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation
is in good standing in Michigan as of this date and is duly authorized to transact business and for no other
purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



Sent by electronic transmission

Certificate Number: 18033909920

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 14th day of March , 2018.*

A handwritten signature in black ink, appearing to read "Julia Dale".

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau