

FO10000000512

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IVIGENE CORPORATION  
(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", 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:

MENTO A. SOPONIS  
(Name of Person)  
IVIGENE CORPORATION  
(Firm/Company)  
12085 RESEARCH DRIVE  
(Address)  
ALACHUA FL 32615  
(City/State and Zip code)

200003575862--0  
-01/26/01--01021--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

For further information concerning this matter, please call:

MENTO A. SOPONIS at (904) 418-4018  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

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

00 JAN 25 AM 3:25  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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
- mtu 1/26

**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. IVIGENE CORPORATION  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE 3. 59-3637644  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3-12-00 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. EMPLOYEES HIRED IN MARCH 2000; LAB TO OPEN 1/26/01  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 12085 RESEARCH DRIVE, ALACHUA FL 32615  
(Principal office address)  
12085 RESEARCH DRIVE, ALACHUA FL 32615  
(Current mailing address)
8. BIOTECHNOLOGY RESEARCH & DEVELOPMENT  
(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 or Mail Drop Box NOT acceptable)  
Name: MENTO A. SOPONIS  
Office Address: 12085 RESEARCH DRIVE  
ALACHUA, Florida 32615  
(City) (Zip code)

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**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.*

Mento A. Soponis  
(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.

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

A. DIRECTORS


Chairman: ANN PROGULSKY-FOX  
Address: COLLEGE OF DENTISTRY, UNIVERSITY OF FLORIDA  
P O BOX 100424, GAINESVILLE FL 32610-0424  
Vice Chairman: ROBERT ZAHRADNIK  
Address: 500 WHITE DRIVE  
BATESVILLE AR 72501  
Director: JEFFREY D HILLMAN  
Address: 12085 RESEARCH DRIVE  
ALACHUA FL 32615  
Director: MENTO A. SOPONIS  
Address: 12085 RESEARCH DRIVE  
ALACHUA FL 32615

B. OFFICERS

President: MENTO A. SOPONIS  
Address: 12085 RESEARCH DRIVE  
ALACHUA FL 32615  
Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_  
Secretary: ROBERT ZAHRADNIK  
Address: \_\_\_\_\_  
Treasurer: ROBERT ZAHRADNIK  
Address: 500 WHITE DRIVE, BATESVILLE AR 72501

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  
14. MENTO A. SOPONIS, PRESIDENT & CEO  
(Typed or printed name and capacity of person signing application)

State of Delaware  
Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IVIGENE CORPORATION" 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-THIRD DAY OF JANUARY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED  
00 JAN 25 AM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 0929388

010034971

DATE: 01-23-01