# F01600005756

#### TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Chemokine Therapeutics Corp.	
(Name of corporation - must include suffix)	<u></u>
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: 100046646	5211 1005-002
Russell M. Frandsen *****78.75	*****78.75 
(Name of Person)	
Radcliff Frandsen Dongell & Lawrence LLP	
(Firm/Company)	
707 Wilshire Boulevard, 45th Floor	
(Address)	
Los Angeles, California 90017	
(City/State and Zip code)	<u>, 18.</u>
For further information concerning this matter, please call:	
SEC ALL	-
Russell M. Frandsen at ( 213 ) 614-1990	·
(Name of Person) (Area Code & Daytime Telephone Number)	
Fig.	· · ·
는 Table 1987 - Ta	<del>-</del>
STREET ADDRESS:  Registration Section  MAILING ADDRESS:  Registration Section	-
Division of Corporations  Division of Corporations	
409 E. Gaines St. P.O. Box 6327	a Va
Tallahassee, FL 32399 Tallahassee, FL 32314	Nh. 1/6
Enclosed is a check for the following amount:	1/6
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee Certificate of Status □ \$78.75 Filing Fee & □ \$87.50 Filing Fee & □ \$	

### 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	Chemokine Therapeuti	las Cor	m .					
(Name of corpo words or abbre	oration; must include the word "INCORPO viations of like import in language as will or partnership if not so contained in the na	ORATED",	"COMPA	NY", "CORI t is a corpora	PORATION tion instead	N" or d of a		<del></del>
2. <u>Dela</u>	ware	_ 3.	33	-092125	5 7			
(State or country	y under the law of which it is incorporated	d)	· · · · · · · · · · · · · · · · · · ·	(FEI numbe		able)		
4Marc	h 9, 2001	5_	E	erpetua	11			
(Dai	te of incorporation)	(D)	aration: Y	ear corp. will		xist or "pe	rpetua	<u></u>
6. <u>upon</u>	qualification					-		-
(Date first transa	acted business in Florida. If corporation I (SEE SECTIONS 60'	nas not trans	sacted busi	ness in Floric	la incert "	upon quali	ficatio	n.")
	O MacArthur Boulevard, (Principal offic	ce address)						
1900	0 MacArthur Boulevard,	Suite	500,	Irvine.	 Calif	fornia	926	512
	(Current mailir	ng address)				-0-11-0	220	<u> </u>
	ful act or activity for he General Corporation	Law ()	11013	いてつかへ			ani:	zeđ
(Furpose(	s) of corporation authorized in home state	or country	to be comi	ad out in stat	e of Florid	(a) = (C)		
9. Name and str	eet address of Florida registered ag	gent: (P.O	. Box or l	Mail Drop B	ox <u>NOT</u>		≟ ≅	
Name:	CT Corporation System	n <u>.</u> .	,	16 . k	= , .	TAR)	)V -2	
Office Address:	1200 South Pine Islan	nd Road	1	an Martin	j terre	E OF	. P	
	Plantation	-	 Florida	33324		LOS IA	ώ 	_
	(City)	· · · · · · · · · · · · · · · · · · ·	, i lolida	(Zip code	<u>)</u>		52	•
10. Registered a Having been nam	gent's acceptance: ted as registered agent and to accept	samiaa -4	` <b>****</b>	S 47				

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.

> TARA COFER **ASSISTANT SECRETARY**

> > . ....

(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. DIRE	CTORS .
Chairman:	Hassan Salari
Address: _	19000 MacArthur Boulevard, Suite 500, Irvine, California 92612
Vice Chairn	nan: N/A
Director	SEE ATTACHED
Address:	
_	
Director:	
Address:	
B. OFFIC	
President:	Hassan Salari
Address:	Hassan Salari 19000 MacArthur Boulevard, Suite 500, Irvine, California 92612
	The state of the s
	nt: N/A
Address:	
Secretary: _	Udo Henseler
Address:	19000 MacArthur Boulevard, Suite 500, Irvine, California 92612
	Udo Henseler
	19000 MacArthur Boulevard, Suite 500, Irvine, California 92612
NOTE: If n	necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	Www. Huselov 10/23/2001
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
l <b>4.</b>	Udo Henseler. Secretary
	(Typed or printed name and capacity of person signing application)

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### **ATTACHMENT**

- 12. List of Directors and their addresses:
- a) Joseph Ashley 19000 MacArthur Boulevard, Suite 500 Irvine, California 92612
- b) Vince Orza
  19000 MacArthur Boulevard, Suite 500
  Irvine, California 92612
- c) C. Richard Piazza
  19000 MacArthur Boulevard, Suite 500
  Irvine, California 92612
- d) Udo Henseler 19000 MacArthur Boulevard, Suite 500 Irvine, California 92612

O1 NOV -2 PM 8:52 SECRETARY OF STATE

# State of Delaware Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHEMOKINE THERAPEUTICS CORP." 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 NINETEENTH DAY OF OCTOBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

O1 NOV -2 PN 8:52
SECRETARY OF STATE
TALLAHASSEE FI OBINA



Warriet Smith Windson, Secretary of State

3217415 8300

AUTHENTICATION: 1400802

010524279

DATE: 10-19-01