F01000006320

TRANSMITTAL LETTER

	SUBJE	CT:			QUADEL	L, INC.								
	(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 re	turn all c	orresp	ondenc	e concern	ing this m	atter t	to the follow	ving:					
		John	н. І	atsha	w, Jr.									
						(Nam	e of I	Person)					•	
	Patterson, Bond & Latshaw, P. A.													
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		3010	Sout	h Thi	rd Stre	eet					*************************************	/010104 /0.00 **	·70 ***7(36 1. nn
						(4	Addre	ss)						
	Jacksonville Beach, FL 32250										ZSE ZSE	9		
	(City/State and Zip code) For further information concerning this matter, please call: John H. Latshaw, Jr. at (904) 247-1770					RETARY OF SI AHASSEE, FLO		FILED						
		Name of				at (904) 247-177 ođe & Dayti		hone l	Number)		3: 02	
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ument miner	Division 409 E. G Tallahas	aines St.		ıs				Division of P.O. Box 63 Tallahassee	327					
iater	Enclosed	is a che	k for	the follo	owing am	ount:								
iarer ayer	\$70.0	O Filing	ee		3.75 Filingertificate			\$78.75 Filir Certified C		٥		e of Status &	ኔ	
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4 pages

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.	QUADEL, INC.			
	(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.	Illinois 3. <u>36÷4391693</u>			
	(State or country under the law of which it is incorporated) (FEI number, if applicable)			
4.	September 6, 2000 5. Perpetual			
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")			
	Upon qualification			
	(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.	1010 1/2 Atlantic Avenue, Fernandina Beach, FL 32034 (Principal office address)			
	P. O. Box 15388, Fernandina Beach, FL 32035			
	(Current mailing address)			
	The transaction of any or all lawful purposes for which corporations may be			
8.	incorporated under the Illinois Business Corporation Act of 1983, as may be a	mende	d fr	OI
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		ime.	
9.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable Name: John H. Latshaw, Jr., Esq.	-		-
	Name: John H. Latshaw, Jr., Esq.	-6 PH	= 	
O	Name: John H. Latshaw, Jr., Esq.		ر.	£.
	Jacksonville Beach , Florida 32250 Gri	3. 02		
	(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.

(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: Noung of the con-Address: _ Vice Chairman: ___ Address: __ Address: _ Director: Norman Watson Address: 805 Kingston Lane Bartlett, IL 60103 **B. OFFICERS** President: Norman Watson Address: 805 Kingston Lane Bartlett, IL 60103 Vice President: Address: ___ Secretary: Norman Watson Address: 805 Kingston Lane, Bartlett, IL 60103 Treasurer: ___ Norman Watson Address: 805 Kingston Lane, Bartlett, IL 60103 NOTE: Affacessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Norman Watson , President/Director (Typed or printed name and capacity of person signing application)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

INCORPORATED UNDER THE LAWS OF THIS STATE SEPTEMBER 6, 2000; Appears to have complied with all the provisions of the Business corporation act of this state relating to the filing of annual reports and payment of franchise taxes, and as of this date, and so of



In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this ______ and _____ day of ______NOVEMBER A.D. ______ 2001_.

Desse White

SECRETARY OF STATE