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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Clobel Bio Sciences, Inc. (Name of corporation - must include suffix)
(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:
David Jacobson, CPA (Name of Person) 12 Brittania Circle Salem, MA 01970
(Firm/Company)
(Address)
(City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (978) 7445484 (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
Enclosed is a check for the following amount:
S-\$70.00 Filing Fee \$\Bar{\text{\sigma}}\$\$ \$78.75 Filing Fee & \$\Bar{\text{\sigma}}\$\$ \$78.75 Filing Fee & \$\Bar{\text{\sigma}}\$\$ \$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. Global BioSciences, 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. Massachusetts (State or country under the law of which it is incorporated) 3. O4-3451605 (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. In aa 5. Perpetual Togo 14
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. JANUARY 2003
(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. 91 George Leven Dr NA Attleboro MA 02760
(Principal office address)
(Current mailing address)
R:- 1'/'
8. Bio-remediation
(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: CT COTTO RATION SYSTEM
Name: CT Corporation System Office Address: 1200 South Dine Island Rd
City), Florida 33324 (City) (Zip code)
(City) (Zip code)
10 P 14 1 1 1
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
SALVINA AMENTA-GRAY
SPECIAL 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. DIRECTORS	see attached	
Chairman:	• • • • • • • • • • • • • • • • • • • •	
Address:	· · · · · · · · · · · · · · · · · · ·	
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		1/2 Pls 1
Director:		7/0 1/2
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Director:		- 10 A /2
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Address.		
B. OFFICERS		
President:		
Address:		· · · · · · · · · · · · · · · · · · ·
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Vice President:		
Address:		
Secretary:		<u></u> -
Address:		
Treasurer:		
Address:		
NOTE: TO		
Doaled	ach an addendum to the application listing additional offic	ers and/or directors.
13. (Signature of Cha	irman, Vice Chairman, or any officer listed in number 12	of the application)
14. Device m	Jacobson treas.	
	printed name and canacity of person signing application)	

David Jacobson	12 Brittania Cir Salem MA	DIC	trees	
Felix Perriello	608 Normandy Dr Norwood MA	Dir	Ores	U. Bay A
Jeanne Perriello	608 Normandy Dr Norwood MA	Dir	clerk	OF STANAS CORPANIO
Ralph Perriello	7 Longbow Cir Lynnfield MA	Or		
Alan Abrams	RR1 Box 331 Vineyard Haven MA	Oir		7
Paul Abrams	2125 First Ave Seattle WA	Dir		
Robert Gregory	707 Sherwood Forest Ln Saugus MA	Dic		
Alan Towner	Pittsburgh PA	Qr_	Chair	



The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

February 27, 2003

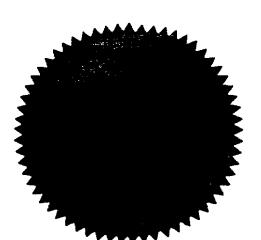
TO WHOM IT MAY CONCERN:

I hereby certify that

GLOBAL BIOSCIENCES, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on January 7, 1999.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth