00855-00734-02943 \$5,750

(Requestor's Name) (Address)	600023538076
(Address)	
(City/State/Zip/Phone #)	10/09/0301086001 **70.00
(Business Entity Name)	11/24/0301029011 **S750.00
(Document Number)	,
Certified Copies Certificates of Status	WANK.
Special Instructions to Filing Officer:	
11/20 PPC	O3 NOV 20 PM 1: 56
1NB-300e7	1: 56 2: 56

Office Use Only

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Innogenetics, Inc
SUBJECT:
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:
Shirley Stoker
Shirley Stoker (Name of Person)
Innagenetics, Inc. (Firm/Company)
(Firm/Company)
2580 Westside Parkway, Suite 400 (Address)
(Address)
Aloharetta GA 30004
Alpharetta, GA 30004 (City/State and Zip code)
For further information concerning this matter, please call:
Shirley Stoker at (678) 802-5256 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Division of Corporations 409 E. Gaines St. Division of Corporations P.O. Box 6327
Tallahassee, FL 32399 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$87.50 Filing Fee, Certificate of Status Certified Copy



October 16, 2003

SHIRLEY STOKER INNOGENETICS, INC. 2580 WESTSIDE PARKWAY, SUITE 400 ALPHARETTA, GA 30004

SUBJECT: INNOGENETICS, INC. Ref. Number: W03000030067

We have received your document for INNOGENETICS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), 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 \$5,750.00.

Please return 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) 245-6967.

Letter Number: 003A00056594

Michelle Hodges **Document Specialist**

Division of Corporations - P.O. ROY 6327 - Tallahasson, Florida 22214

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(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) (State or country under the law of which it is incorporated) (Part of incorporation) (Date of incorporation) (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.) (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: Fronk Black, Florida All Mark (City) (City) (Registered agent and to accept service of process for the above stated corporation at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity with the provisions of all statutes relative to the proper and complete performance of my		ORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO NSACT BUSINESS IN THE STATE OF FLORIDA.
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (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.) (Date first transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Principal office address) (Current mailing address) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Frank Pollifrone (City) (City	(Enter name of corporation; must include "INCORPO "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	RATED," "COMPANY," "CORPORATION,"
(State or country under the law of which it is incorporated) (Part of incorporation) (Date of incorporation) (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.) (Purpose(s) of Corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name: Frank foll from e ffice Address: Stol NG Store Agent. (City) (City) (P.O. Box or Mail Drop Box NOT acceptable) (Zip code) (Zip code) (Zip code) (Zip code) (Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the places in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.	(If name unavailable in Florida, enter alternate corpora	ate name adopted for the purpose of transacting business in Florida)
(State or country under the law of which it is incorporated) (Part of incorporation) (Date of incorporation) (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.) (Purpose(s) of Corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name: Frank foll from e ffice Address: Stol NG Store Agent. (City) (City) (P.O. Box or Mail Drop Box NOT acceptable) (Zip code) (Zip code) (Zip code) (Zip code) (Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the places in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.	Georgia	3 58-24045860
(Date of incorporation) (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.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (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: Frank Pollifrone ffice Address: 561 NG 26th Ave Paragraphy Blach (City) (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the place assignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.		<i></i>
(Date of incorporation) (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.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (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: Frank Pollifrone ffice Address: 561 NG 26th Ave Paragraphy Blach (City) (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the place assignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.	7/24/1998	5. Perpetual
(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.) 2580 Wests de farkway, Suik 400 Alphoretta, GA 3004 (Principal office address) (Current mailing address) (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: Frank Pollifrone ffice Address: 56/NE 26 th Ave Paragraphy Beach, Florida 33062 (City), Florida 33062 (Zip code) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the place assignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.	(Date of incorporation)	
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 250 Westside farkway, Suik 400 Alphoretta, GA 3004 (Principal office address) (Current mailing address) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Frank follifrone ffice Address: 50/NC 20th Ave City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the place asignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.	8/24/98	
(Current mailing address) (Current mailing address) (Current mailing address) (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: Frank follifrone ffice Address: 56/NC 26 H Ave City) (City)		
Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Frank Polition e ffice Address: 56/NC 26 th Ave Pampana Beach, Florida 33062 (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the place is signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.		
(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: Frank Pollifrone ffice Address: 56/NC 26 th Ave City), Florida 33062 (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the places ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.	(Current ma	iling address)
Name: Frank Polition e ffice Address: 56/NC 26 th Ave City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the places ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.	Sak and marketing of med	ical diagnostic Kits
Name: Frank Pollifrone ffice Address: 361 NE 26 th Ave Pampano Beach, Florida 33062 (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the places ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.	(Purpose(s) of corporation authorized in home s	tate or country to be carried out in state of Florida)
Name: Frank Pollifrone ffice Address: 361 NE 26 th Ave Pampano Beach, Florida 33062 (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the places ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.	Name and street address of Florida registered	agent: (P.O. Box or Mail Drop Box NOT acceptable)
ffice Address: 50/NC 20th Ave Pampono Beach, Florida 33062 (City), Florida 33062 (Zip code) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the places ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.	Name: Frank Pollifonnie	in the contract of the contrac
(City), Florida 33042 (Zip code) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the places ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.	<u> </u>	
aving been named as registered agent and to accept service of process for the above stated corporation at the placesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.		, Florida <u>33062</u>
aving been named as registered agent and to accept service of process for the above stated corporation at the placesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.	. Registered agent's acceptance:	
	iving been named as registered agent and to acc	

11. Attached is a certificate of existence delivauthenticated, 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.

(Registered agent's signature)

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

A. DIRECT	·
Chairman:	Rudi Mariën
	Technologie Ark le
	9052 Gent, Belgium
	: Philippe Archimed
	Technologie Park 6
	9052 Gent, Belgium
	Ray Hayduk
	2580 Westside Parkway, Suffe 400
	Alpharetta, GA 30004
Director:	
Address:	
B. OFFICE	RS
President:	Philippe Archinard
	9052 Technoge Ark 6
	9052 Gent, Belgism
Vice President	Ray Hayduk
	Technologie ANEC 2580 Westside Parkung Suite 400
	Alphonette, GA 30004
Secretary: 🔍	Stephane Wilmes
Address:Z	Echnologie Park 10, 9052 Gent, Belgium
Treasurer:	Um Ottevaere
Address: <u>[/</u>	Chrologie Park 6, 9052 Gent, Belgisin
;	
NOTE: If ne	cessary, you may attach an addendum to the application listing additional officers and/or directors.
	(Signature of Director or Officer listed in number 12 of the application)
14	RAY HAY & GENCRAL MANAGER
	(Typed or printed name and capacity of person signing application)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : K827726
DATE INC/AUTH/FILED: 07/24/1998
JURISDICTION : GEORGIA
PRINT DATE : 09/29/2003
FORM NUMBER : 211

WOMBLE, CARLYLE, SANDRIDGE & RICE, PLLC TONI M. HUTCHESON 1201 W. PEACHTREE ST., SUITE 3500 ATLANTA, GA 30309

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

ONNOGENETIČS, INC. GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia annotated.

Said entity was formed in the jurisdiction stated above for was authorized to transact business in Seorgia son the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the least existence of the above-named entity as of the print date above | It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronical Electronical Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20030929191408489



Cathy Cox Secretary of State