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Florida Department of State
Division of Corporations
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FOREIGN PROFIT QUALIFICATION

Alveolus, Inc.

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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. Alveolina, Inc.

(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)

2. North Carolina

(State or country under the law of which it is incorporated)

3. 58-2621005

(FBI number, if applicable)

4. 04/09/2001

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9013 Perimeter Woods, Suite A, Charlotte, NC 28216

(Principal office address)

same

(Current mailing address)

8. Medical research and product 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 NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.

CT Corporation System

By: Rachel T. Hayes
(Registered agent's signature)

RACHEL T. HAYES
ASSISTANT SECRETARY

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:

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CT CORPORATION

CT CORP

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A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: David Crum

Address: 9013 Perimeter Woods, Suite A

Charlotte, NC 28216

Director: Eric Mangiardi

Address: 9013 Perimeter Woods, Suite A

Charlotte, NC 28216

B. OFFICERS SEE ATTACHMENT

President: Eric Mangiardi

Address: 9013 Perimeter Woods, Suite A

Charlotte, NC 28216

Vice President: Tony Alexander

Address: 9013 Perimeter Woods, Suite A

Charlotte, NC 28216

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. [Signature]

(Signature of Director or Officer listed in number 12 of the application)

14. Tony Alexander, Vice President

(Typed or printed name and capacity of person signing application)

Attachment to Florida
Officers & Directors

1. Full Name: Eric Mangiardi
Officer/Director: Officer, Director
Director's Title: Other Director
Business Address: 9013 Perimeter Woods, Suite A
City: Charlotte
State: NC
ZIP Code: 28216
2. Full Name: Tony Alexander
Officer/Director: Officer
Business Address: 9013 Perimeter Woods, Suite A
City: Charlotte
State: NC
ZIP Code: 28216
3. Full Name: Chris Dancu
Officer/Director: Officer
Business Address: 9013 Perimeter Woods, Suite A
City: Charlotte
State: NC
ZIP Code: 28216
4. Full Name: Richard Snider
Officer/Director: Officer
Business Address: 9013 Perimeter Woods, Suite A
City: Charlotte
State: NC
ZIP Code: 28216
5. Full Name: Stuart C. McWhorter
Officer/Director: Director
Director's Title: Other Director
Business Address: 9013 Perimeter Woods, Suite A
City: Charlotte
State: NC
ZIP Code: 28216
6. Full Name: Anthony J. Natale, M.D.
Officer/Director: Director
Director's Title: Other Director
Business Address: 9013 Perimeter Woods, Suite A
City: Charlotte
State: NC
ZIP Code: 28216

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7. Full Name: Gerard A. Silvestri
Officer/Director: Director
Director's Title: Other Director
Business Address: 9013 Perimeter Woods, Suite A
City: Charlotte
State: NC
ZIP Code: 28216
8. Full Name: Timothy E. Davis, Jr.
Officer/Director: Director
Director's Title: Other Director
Business Address: 9013 Perimeter Woods, Suite A
City: Charlotte
State: NC
ZIP Code: 28216



NORTH CAROLINA
Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

ALVEOLUS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 9th day of April, 2001, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 31st day of August, 2005

Elaine F. Marshall

Secretary of State