# 106000005090

## Florida Department of State

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#### FOREIGN PROFIT/NONPROFIT CORPORATION

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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.

		·	
(If name unavai	lable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)	
•		•	
2. DELAWARE	A A A A A A A A A A A A A A A A A A A	3. 11-2788282	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4. <u>11/04/1985</u>		5. PERPETUAL	
(Dat	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. Upon Filing			
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	
7, 865 SW 78th Av	enuc, Suite 100, Plantation, FL 33324		
	(Principal office	address)	
865 SW 78th Av	enue, Suite 100, Plantation, PL 33324		
	(Current mailing	address)	
		•	
8. Administrative (	Offices		
(Purpose(	s) of corporation authorized in home state of	or country to be carried out in state of Florida)	ž
	s) of corporation authorized in home state of et address of Florida registered agent: (	•	
	•	•	
). Name and <u>stre</u> Name:	et address of Florida registered agent: (	•	
). Name and <u>stre</u> Name:	et address of Florida registered agent: ( CT Corporation System	(P.O. Box NOT acceptable)	
). Name and <u>stre</u> Name:	et address of Florida registered agent: ( C T Corporation System  1200 South Pine Island Road	•	
). Name and <u>stre</u> Name: Office Address:	et address of Florida registered agent: ( C T Corporation System  1200 South Pine Island Road  Plantation  (City)	(P.O. Box NOT acceptable)	
O. Name and streen Name:  Office Address:  O. Registered as	et address of Florida registered agent: ( C T Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance:	(P.O. Box NOT acceptable)  Florida 33324  (Zip code)	
Name and streen Name: Office Address:  O. Registered as laving been name lesignated in this	et address of Florida registered agent: ( CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: ed as registered agent and to accept se application, I hereby accept the appoint	(P.O. Box NOT acceptable)  Florida 33324  (Zip code)  Grvice of process for the above stated corporation at the place interest as registered agent and agree to act in this capacity.	1
Name and streen Name: Office Address:  O. Registered as laving been name lesignated in this surther agree to o	et address of Florida registered agent: ( CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: ed as registered agent and to accept se application, intereby accept the appointment with the provisions of all statute	(P.O. Box NOT acceptable)  Florida 33324  (Zip code)  Grvice of process for the above stated corporation at the place interest as registered agent and agree to act in this capacity.	1
Name and streen Name: Office Address:  O. Registered as laving been name lesignated in this surther agree to o	et address of Florida registered agent: ( CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: ed as registered agent and to accept se application, I hereby accept the appoint	(P.O. Box NOT acceptable)  Florida 33324  (Zip code)  Grvice of process for the above stated corporation at the place interest as registered agent and agree to act in this capacity.	1
Name and streen Name: Office Address:  O. Registered as laving been name lesignated in this surther agree to o	et address of Florida registered agent: ( CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: ed as registered agent and to accept se application, I hereby accept the appointment with and accept the obligations of my	(P.O. Box NOT acceptable)  Florida 33324  (Zip code)  Grvice of process for the above stated corporation at the place interest as registered agent and agree to act in this capacity.	1
9. Name and streen Name: Office Address: 10. Registered as Having been name the signated in this further agree to comment to the signated in t	et address of Florida registered agent: ( CT Corporation System  1200 South Pine Island Road  Plantation  (City)  gent's acceptance: ed as registered agent and to accept se application, Intereby accept the appointment with and accept the obligations of my  T Corpora	(P.O. Box NOT acceptable)  Florida 33324  (Zip code)  Grvice of process for the above stated corporation at the place interest as registered agent and agree to act in this capacity, es relative to the proper and complete performance of my duty position as registered agent.	1

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:

PLOIS - ONOZO4 C T System Online

A. DIRECTORS
Chairman: Carl N. Singer
Address: 865 S.W. 78th Avenue, Suite 100
Plantation, FL 33324
View Chairman: Director: Charles A. Rice
Address: 865 S.W. 78th Avenue, Suite 100
Plantation, FL 33324
Director: Dennis W. Healey
Address: 865 S.W. 78th Avenue, Suite 100
Plantation, FL 33324
Director: William Stimson
Address: 865 S.W. 78th Avenue, Suite 100
Plantation, FL 33324
B. OFFICERS
President: Charles A. Rice
Address: 865 S.W. 78th Avenue, Suite 100
Plantation, FL 33324
Vice President: Dennis W. Henley
Address: 865 S.W. 78th Avenue, Suite 100
The train TV 20704
A Developed to the state of the
Address: 865 S.W. 78th Avenue, Suite 100 - Plantation, PL 33324
Tressurer:
Address:
NOTE: Expecessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Dun a deal
(Signature of Director or Officer listed in number 12 of the application)
14. Dennis W. Healey, Director, CFO, Secretary  (Typed or printed name and canacity of nerson signing application)
LI VOCAL DE DEDUCCE DADE AND CANACIEV AT MARCON GLOMINA AMBLICATION)

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# Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIRAGEN INTERNATIONAL, INC." 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 THIRTY-FIRST DAY OF JULY, A.D. 2006.

AND I DO MEREBY FURTHER CERTIFY THAT THE FRANCHISE TAKES HAVE BEEN PAID TO DATE.

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



2074962 8300 060718700



Farriet Smith Windson Secretary of States

AUTHENTICATION: 4940739

DATE: 07-31-06