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TALLAHASSEE, FLORIDA

9-21-07
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Transgeneron Therapeutics, Inc.

August 24, 2007

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

Please find enclosed the Registration for Transgeneron Therapeutics, Inc. , a Delaware Corporation, to transact business in the State of Florida. If there are any questions, or any fees associated with this filing, please let me know. I can be reached at 352-283-8293.

Sincerely,

Leslie Molony
Director and President

Sept 3 :

As per your letter, original, check &
copy of Incorp (DE) papers enclosed.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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TALLAHASSEE, FLORIDA

August 28, 2007

LESLIE MOLONY
8909 SW 75TH ST.
GAINESVILLE, FL 32608

SUBJECT: TRANSGENERON THERAPEUTICS, INC.
Ref. Number: W07000042355

We have received your document for TRANSGENERON THERAPEUTICS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent	
Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with 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) 245-6995.

Wanda Cunningham
Document Specialist
New Filing Section

Letter Number: 707A00051692

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO THE
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Transgeneron Therapeutics, 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. Delaware

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

3. 74-3229045

(FEI number, if applicable)

4. April 3, 2007

(Date of incorporation)

5. perpetual

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

6. date of registration

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. ~~8909 SW 75th Street, Gainesville, FL 32608~~

(Principal office address)

12085 Research Drive, Ste G7
Machua, FL 32615

8909 SW 75th Street, Gainesville, FL 32608

(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized.

(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: ~~Corporation Service Company~~ Leslie Molony

Office Address: ~~1201 Hays Street~~ 8909 SW 75th St

~~Tallahassee~~ Gainesville, Florida ~~32304~~ 32608

(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.

~~Corporation Service Company~~

By: Leslie Molony

(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.

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of this

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FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Leslie Molony

Address: 8909 SW 75th Street

Gainesville, FL 32608

Director: Lijun Yang

Address: ~~8909 SW 75th Street~~ 4452 SW 101st DRIVE

Gainesville, FL ~~32608~~

32608

B. OFFICERS

President: Leslie Molony

Address: 8909 SW 75th Street

Gainesville, FL 32608

Vice President: _____

Address: _____

Secretary: Lijun Yang

Address: ~~8909 SW 75th Street, Gainesville, FL 32608~~ 4452 SW 101st Drive

Gainesville FL 32608

Treasurer: _____

Address: _____

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

13. 

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

14. Leslie Molony, President

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

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANSGENERON THERAPEUTICS, 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRANSGENERON THERAPEUTICS, INC." WAS INCORPORATED ON THE SECOND DAY OF APRIL, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 6016139

DATE: 09-20-07