

F07000005357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

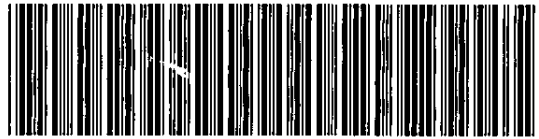
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

007-51065

Office Use Only



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10/15/07--01020--030 **87.50

FILED

07 OCT 29 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/29

RAJESWARI KOTA, CPA PC

CERTIFIED PUBLIC ACCOUNTANT

85 RARITAN AVENUE, SUITE # 200
HIGHLAND PARK, NJ 08904

Rajeswari Kota, CPA

Tel: (732)-729-0700

Fax: (732)-729-0900

October 11, 2007

New Filing Section
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314.

RE: GENE, INC – Certificate of authority to do business in Florida

Dear Sir,

I am the accountant for the abovementioned client. I am herewith sending duly filled in application by foreign corporation for authorization to transact business in Florida along with a good standing certificate received from NJ state and a check for \$87.50 towards the filing fee.

Please do the necessary filing and send the filed papers to our NJ office address.

Please call me if you need any further information.

Yours truly,



Rajeswari Kota, CPA



FLORIDA DEPARTMENT OF STATE

Division of Corporations

October 15, 2007

RAJESWARI KOTA
RAJESWARI KOTA CPA PC
85 RARITAN AVENUE, SUITE 200
HIGHLAND PARK, NJ 08904

SUBJECT: GENE, INC.
Ref. Number: W07000051065

We have received your document for GENE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 407A00060535

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GENE, INC.

(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:

RAJESWARI KOTA

(Name of Person)

RAJESWARI KOTA CPA PC

(Firm/Company)

85 RARITAN AVENUE, SUITE # 200

(Address)

HIGHLAND PARK, NJ 08904.

(City/State and Zip code)

For further information concerning this matter, please call:

RAJESWARI KOTA

(Name of Person)

at (732) 729-0700

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$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. GENE, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

GENE CAPITAL INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY

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

3. 01-0618549

(FEI number, if applicable)

4. 03/01/2002

(Date of incorporation)

5. PERPETUAL

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

6. 10/15/2007

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

7. 1031 CASCADE CIRCLE # 311, ROCKLEDGE, FL 32955.

(Principal office address)

1031 CASCADE CIRCLE # 311, ROCKLEDGE, FL 32955.

(Current mailing address)

8. MEDICAL SERVICES

(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: KISHORE PATSAMATLA

Office Address: 1031 CASCADE CIRCLE # 311,


ROCKLEDGE, Florida 32955

(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.

x 
(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.

FILED
07 OCT 29 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: KISHORE PATSAMATLA

Address: 1031 CASCADE CIRCLE # 311
ROCKLEDGE, FL 32955

Vice Chairman: _____

Address: _____

Director: KISHORE PATSAMATLA

Address: 1031 CASCADE CIRCLE # 311
ROCKLEDGE, FL 32955

Director: _____

Address: _____

B. OFFICERS

President: KISHORE PATSAMATLA

Address: 1031 CASCADE CIRCLE # 311
ROCKLEDGE, FL 32955

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. X


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

14. KISHORE PATSAMATLA, PRESIDENT

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

**STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING**

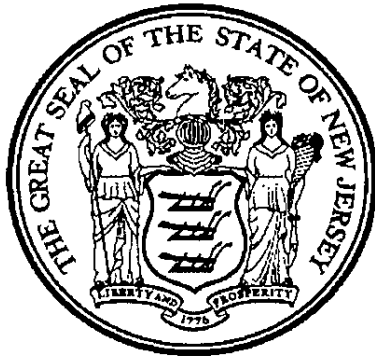
GENE, INC.
0100872918

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on March 1, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

Kishore R Patsamatla
49 C Reading Rd
Edison, NJ 08817



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
25th day of September, 2007*

Michellene Davis
Acting State Treasurer

Certificate Number: 111232070

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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

A. DIRECTORS

Chairman: KISHORE PATSAMATLA

Address: 1031 CASCADE CIRCLE # 311
ROCKLEDGE, FL 32955

Vice Chairman: _____

Address: _____

Director: KISHORE PATSAMATLA

Address: 1031 CASCADE CIRCLE # 311
ROCKLEDGE, FL 32955

Director: _____

Address: _____

B. OFFICERS

President: KISHORE PATSAMATLA

Address: 1031 CASCADE CIRCLE # 311
ROCKLEDGE, FL 32955

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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**STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING**

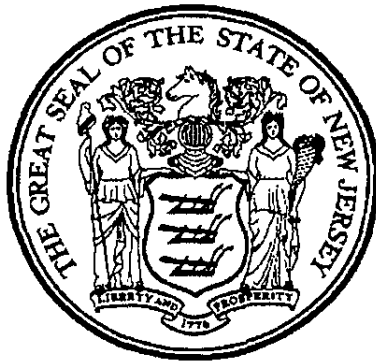
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25th day of September, 2007*

*Michellene Davis
Acting State Treasurer*