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Office Use Only



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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Life Science Produce (Name of corporation	ts In
(Name of corporati	on - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.	
Please return all correspondence concerning this matter	er to the following:
Jeffrey ,	<b>N</b> vs e of Person)
(Name o	of Person)
Life Science Person (Firm/C	lects Inc
(Firm/C	ompany)
115 S. Zyndib.	≈ St.
(Add	₹ Sf. Iress)
Chestertown 1	10 2/620
(City/State	and Zip code)
For further information concerning this matter, please	call:
Tettre, Nose at (800 (Name of Person) (Area	1638-9874 X102
(Name of Person) (Area	Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS: New Filing Section Division of Corporations
New Filing Section Division of Corporations	New Filing Section Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	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 & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

## APPLICATION BY POREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGH CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA Life Science Ablacts (Entw rames of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "but," "Co.," "Com," "Inc," "Co." or "Com.") (If name unevailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 1067425 (State or country under the law of which it is incorporated) 4. 07/30/76 (Date of incorporation) (Duration: Year corp. will couse to exist or "perpetuel") (Date first transpoted bosiness in Florida, if prior to registration) (REE SECTIONS 607.150) & 607.1502, F.S., to determine penalty liability) St. Chesterto (Current mailing address) 8. Tententur Entsh constructed in home state or bountry to be carried out til state of Plorida) 9. Name and greet address of Florida registered agent: (P.O. Bex. NOT acceptable) Corp Direct Agents Inc. Name: Office Address: Florida 3,230

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 sectures 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.

(Roginsered agent's significance)

11. Attached is a contificate 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:

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: William E. Leveage	
	7A S. 20
51:11 Pond, MD 21667	FO BO
Vice President: Glen A. Smith	ARR A
Address: 14408 Perm Dr.	□ (· · · · · · · · · · · · · · · · · · ·
Fockville, MD 20853	9 0
Secretary:	<b>1 1 1 1 1 1 1 1 1 1</b>
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listi	ng additional officers and/or directors.
13.	
(Signature of Director or Officer listed in number 1)	2 of the application)
14. WE. Leverage Rridew	T
(Typed or printed name and capacity of person sign	gning application)

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT LIFE SCIENCE PRODUCTS, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 31, 2008.

Paul B. Anderson Charter Division

Faul B. Under



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097