

F09000000818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

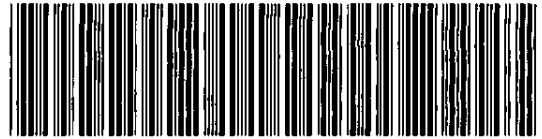
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/17/09--01020--008 **78.75

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09 FEB 27 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
3/2

109-7817

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BIOTOOLS, 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:

RINA K. DUKOR

(Name of Person)

BIOTOOLS, INC

(Firm/Company)

17546 BEE LINE HWY

(Address)

JUPITER, FL 33458

(City/State and Zip code)

For further information concerning this matter, please call:

RINA K. DUKOR

(Name of Person)

at (561) 625-0133

(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

RECEIVED FEB 21 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2009

RINA K DUKOR
BIOTOOLS, INC.
17546 BEE LINE HWY
JUPITER, FL 33458

SUBJECT: BIOTOOLS, INC.
Ref. Number: W0900007817

We have received your document for BIOTOOLS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must contain the entity's complete mailing address.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 409A00005779

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DEPARTMENT OF STATE
09 FEB 27 PM 4:19

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. BIOTOOLS, 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. ILLINOIS

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

3. 364350206

(FEI number, if applicable)

4. 03/02/2000

(Date of incorporation)

5. PERPETUAL

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

6. _____

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

7. 17546 BEE LINE HWY ; Jupiter, FL 33458

(Principal office address)

17546 BEE LINE HWY ; Jupiter, FL 33458

(Current mailing address)

8. TO INVENT, DESIGN AND MANUFACTURE SCIENTIFIC INSTRUMENTATION

(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: RINA K. DUKOR

Office Address: 17546 BEE LINE HWY

JUPITER

(City)

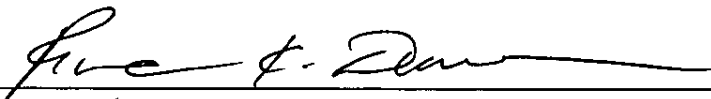
, Florida 33458

(Zip code)

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TALLAHASSEE, FLORIDA

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.



(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: RINA K. DUKOR

Address: 1 OLD FENCE ROAD; PALM BEACH GARDENS, FL 33418

Vice President: _____

Address: _____

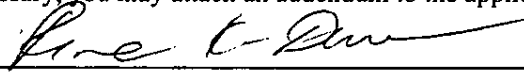
Secretary: LAURENCE A. NAFIE

Address: 1 OLD FENCE ROAD; PALM BEACH GARDENS, FL 33418

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. RINA K. DUKOR, PRESIDENT
(Typed or printed name and capacity of person signing application)

File Number 6094-453-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

BIOTOOLS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 02, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of FEBRUARY A.D. 2009

Jesse White

Authentication #: 0904300526

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE