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Florida Department of State

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FOREIGN PROFIT/NONPROFIT CORPORATION Singulex, Inc.

Certificate of Status	1
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H10000169791

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Sing	rulex, Inc.
(Name of corporation; must include the word "INCORPO" "Inc., ""Co.," "Corp," "Inc," "Co," or "Corp.")	DRATED", "COMPANY", "CORPORATION"
(If name unavailable in Florida, enter alternate corporate name a	adopted for the purpose of transacting business in Florida)
2. Delaware	3
(State or country under the law of which it is incorporated)	3(FEI number, if applicable)
4_11/21/1997	5. Pernetual
(Date of incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6 Upon Fi	iling
(Date first transacted busine	88 in Florida if prior to registration.)
(SEE SECTIONS 607.1501 & 607	7.1502, F.S., to determine penalty liability)
(Current	200, Alameda, CA 94502-3012
8 Laboratory Testing (CLIA Lab)	mailing address)
8 Laboratory Testing (CLIA Lab)	consisting address) constants or country to be carried out in state of Florida) constants or NOT acceptable)
8 Laboratory Testing (CLIA Lab) (Purpose(s) of corporation authorized in hom 9. Name and street address of Florida registered agent: (P	consisting address) constants or country to be carried out in state of Florida) constants or NOT acceptable)
8 Laboratory Testing (CLIA Lab) (Purpose(s) of corporation authorized in home. 9. Name and street address of Florida registered agent: (Purpose Corp Direct Agents, Inc.	containing address) containing address) containing address of Florida) containing address of Florida containing address
8 Laboratory Testing (CLIA Lab) (Purpose(s) of corporation authorized in home. 9. Name and street address of Florida registered agent: (P Name: CorpDirect Agents, Inc. Office Address: 515 East Park Avenue	mailing address) constate or country to be carried out in state of Florida) C.O. Box NOT acceptable) ALLAHASSE
8 Laboratory Testing (CLIA Lab) (Purpose(s) of corporation authorized in home. 9. Name and street address of Florida registered agent: (Purpose Corp Direct Agents, Inc.	mailing address) co state or country to be carried out in state of Florida) C.O. Box NOT acceptable) ALLAHASSE ASSE
8 Laboratory Testing (CLIA Lab) (Purpose(s) of corporation authorized in home 9. Name and street address of Fiorida registered agent; (P Name: CorpDirect Agents, Inc. Office Address; 515 East Park Avenue Tallahassee	mailing address) co state or country to be carried out in state of Florida) C.O. Box NOT acceptable) ALLAHASSEU Florida, 32301
8 Laboratory Testing (CLIALab) (Purpose(s) of corporation authorized in home 9. Name and street address of Fiorida registered agent: (P Name: CorpDirect Agents, Inc. Office Address: 515 East Park Avenue Tallahassee (City) 10. Registered agent's acceptance: Having been named as registered agent and to accept service this application, I hereby accept the appointment as registered.	mailing address) co state or country to be carried out in state of Florida) C.O. Box NOT acceptable) ALLAHASSEU Florida, 32301

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.

	H10000169791
	ORS (Street address only - P.O. Box NOT acceptable) Philippe Goix
	1650 Harbor Bay Parkway, Suite 200, Alameda, CA 94502-3012
Vice Chaire	nan:
Address:	
Director	
Address:	HASSI 26
Director:	
Address:	ORIDA
B. OFFIC	ERS
President:_	Philippe Goix
Address:	1650 Harbor Bay Parkway, Suite 200, Alameda, CA 94502-3012
— Vice Presid	ent: Gary Tom
Address:	1650 Harbor Bay Parkway, Suite 200, Alameda, CA 94502-3012
 Secretary:_	Alan Mendelson
Address:	1650 Harbor Bay Parkway, Suite 200, Alameda, CA 94502-3012
Treasurer:_	
Address: _	
NOTE: If	necessary, you may strach 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	Philippe Goix - President (Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO BEREBY CERTIFY "SINGULEK, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND BAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JULY, A.D. 2010.

AND I DO HERBY FORTHER CERTIFY THAT THE SAID "SINGULEX,
INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D.
1997.

AND I DO HERBRY FURTHER CERTIFY THAT THE FRANCEISE TAXES HAVE BEEN PAID TO DATE.

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

₹,

2824201 8300

100757124

For may vanify this certificate unlime at corp. dolowers. pov/authver. shtel paffery W. Bullock, Secretary of State

B. THRUBERS TO COMMITTEE B. 1935.50

DATE: 07-20-10