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(Address)

(Address)

(City/State/Zip/Phone #)

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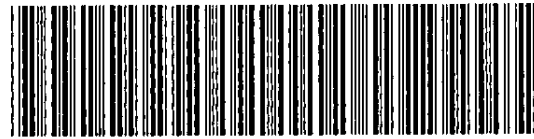
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 08/02/10

NAME: MICROGENICS CORPORATION

TYPE OF FILING: FOREIGN CORPORATE QUALIFICATION

COST: 1478.75

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ACCOUNT: ~~72-1088888-5~~

AUTHORIZATION: ABBIE/PAUL HODGE

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MICROGENICS CORPORATION

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," or "Certificate of Good Standing" 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:

Name of Person

Firm/Company

Address

City/State and Zip code

ELIZABETH.MINER@THERMOFISHER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person 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

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SECRETARY OF STATE

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. MICROGENICS CORPORATION
(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 3. 68-0418167
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 19, 1998 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. AUGUST 2004
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 46360 FREMONT BLVD; FREMONT, CA 94538
(Principal office address)

C/O THERMO FISHER SCIENTIFIC, 81 WYMAN ST., WALTHAM, MA 02454
(Current mailing address)

8. MANUFACTURES IN-VITRO MEDICAL DEVICES
(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: CAPITOL CORPORATE SERVICES, INC.

Office Address: 155 OFFICE PLZ DR. STEA

TALLAHASSEE, Florida 32301
(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.

Gayle Wundt, asst sec
(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:

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A. DIRECTORS

Chairman: SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

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. David Hissong

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

14. DAVID HISSONG, ASST. SECRETARY

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

Microgenics Corporation

Name	Address	Office Held
Seth H. Hoogasian	81 Wyman St, Waltham, MA 02454	Director President Secretary
Anthony H. Smith	81 Wyman St, Waltham, MA 02454	Treasurer, Assistant Secretary
Michael K. Michaud	81 Wyman St, Waltham, MA 02454	Assistant Treasurer Assistant Secretary
James E. Bruni	Park Lane Pittsburgh, PA	Assistant Treasurer Assistant Secretary
Maura A. Spellman	81 Wyman St, Waltham, MA 02454	Assistant Treasurer
David Hissong	81 Wyman St, Waltham, MA 02454	Assistant Secretary

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PAGE

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MICROGENICS CORPORATION" 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 TWENTY-NINTH DAY OF JULY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MICROGENICS CORPORATION" WAS INCORPORATED ON THE NINETEENTH DAY OF JUNE, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2909950 8300

100786454




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8143118

DATE: 07-29-10