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Florida Department of State
Division of Corporations
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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please retain original filing
date of submission 7/25

245-6804

7/25

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
ALMAC DIAGNOSTICS LIMITED CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	067
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TC 07/26/11
MD

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ALMAC DIAGNOSTICS LIMITED 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:

AINB RAFFERTY

Name of Person

ALMAC DIAGNOSTICS LIMITED

Firm/Company

ALMAC HOUSE, 20 SEAGOE INDUSTRIAL ESTATE, CRAIGAVON

Address

BT63 5QD, NORTHERN IRELAND, UNITED KINGDOM

City/State and Zip code

Kerli.nieconnell@almagroup.com

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

For further information concerning this matter, please call:

AINB RAFFERTY

at (01144) 28 38395769

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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TALLAHASSEE, FLORIDA

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. ALMAC DIAGNOSTICS LIMITED 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. NORTHERN IRELAND, UNITED KINGDOM

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

3. 98-1010779

(FBI number, if applicable)

4. 26th APRIL, 2002

(Date of incorporation)

5. PERPETUAL

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

6. N/A

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

7. 19 SEAGOE INDUSTRIAL ESTATE, CRAIGAVON, BT63 5QD, NORTHERN IRELAND, UNITED KINGDOM

(Principal office address)

19 SEAGOE INDUSTRIAL ESTATE, CRAIGAVON, BT63 5QD, NORTHERN IRELAND, UNITED KINGDOM

(Current mailing address)

8. TO PROVIDE BIOMARKER DISCOVERY AND DEVELOPEMENT SOLUTIONS

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

CT Corporation System.

By:



(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ALAN ARMSTRONG

Address: ALMAC HOUSE, 20 SEAGOB INDUSTRIAL ESTATE, CRAIGAVON, BT63 5QD, NORTHERN IRELAND,
UNITED KINGDOM

Director: COLIN HAYBURN

Address: ALMAC HOUSE, 20 SEAGOB INDUSTRIAL ESTATE, CRAIGAVON, BT63 5QD, NORTHERN IRELAND,
UNITED KINGDOM

CONT'D.

B. OFFICERS

President: PAUL HARKIN

Address: 19 SEAGOB INDUSTRIAL ESTATE, CRAIGAVON, BT63 5QD, NORTHERN IRELAND, UNITED KINGDOM

Vice President: KARL MULLIGAN

Address: 19 SEAGOB INDUSTRIAL ESTATE, CRAIGAVON, BT63 5QD, NORTHERN IRELAND, UNITED KINGDOM

Secretary: COLIN HAYBURN

Address: ALMAC HOUSE, 20 SEAGOB INDUSTRIAL ESTATE, CRAIGAVON, BT63 5QD, NORTHERN IRELAND, UK

Treasurer: KEVIN STEPHENS

Address: ALMAC HOUSE, 20 SEAGOB INDUSTRIAL ESTATE, CRAIGAVON, BT63 5QD, NORTHERN IRELAND, UK

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

13. D. Paul Harkin
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. PAUL HARKIN, PRESIDENT AND MANAGING DIRECTOR

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

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: **PATRICK JOHNSTON**

Address: **19 SEAGOR INDUSTRIAL ESTATE, CRAIGAVON, BT63 5QD, NORTHERN IRELAND, UNITED KINGDOM**

Director: **PAUL HARKIN**

Address: **19 SEAGOR INDUSTRIAL ESTATE, CRAIGAVON, BT63 5QD, NORTHERN IRELAND, UNITED KINGDOM**



THE COMPANIES ACT 2006

Company No. NI 43067

The Registrar of Companies for Northern Ireland hereby certifies that Almac Diagnostics Limited (originally called L&B (NO 23) LIMITED changed its name on 24th June 2002 to GELAN LIMITED which was changed on 15th January 2003 to ArraGen Limited which was changed on 7th September 2004 to ArraDx Limited which was changed on 28th October 2005 to Almac Diagnostics Limited each change having been made by resolution) was incorporated under the Companies (Northern Ireland) Order 1986 as a limited company on 26th April 2002.

According to the documents on file and in the custody of the Registrar, the company is up to date with its filing requirements and has at least 1 director, who is a natural person over the age of 16.

The company has been in continuous unbroken existence since its incorporation and no action is currently being taken by the Registrar of Companies to strike the company off the register or to dissolve it as defunct. As far as the Registrar is aware, the company is not in liquidation or subject to an administration order, and no receiver or manager of the company's property has been appointed.*****

Given at Companies House, the 19th July 2011

V M STEPHENS
for the Registrar of Companies



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SECRETARY OF STATE
HALL ASSESS. FLORIDA

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