

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: ADVANCED INCORPORATING SERVICE, IN

Phone

Account Number : 120080000093

Fax Number

: (850)222-2677 : (850)575-2724

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

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#### FOREIGN PROFIT/NONPROFIT CORPORATION

Asuragen, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

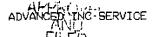
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	able in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in	Florida)
Delaware		3. <u>26-18<b>248</b>04</u>	É
State or country	under the law of which it is incorporated)	(FEI number, if applicable)	£2
12/21/2005		5. perpetual	<u> </u>
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "per	potusl") ri
Upon qualif	cation		
		ess in Florida, if prior to registration) 77.1502, F.S., to determine penalty liability)	- <u>S</u>
2150 \\/~~	Iward, Suite 100, Austin, TX		≽,
2130 1100	(Principal office		
2150 18/00	dward, Suite 100, Austin,	•	
2130 1100	(Current mailing		
	,	,	
aputeción d'agravado producas, j	Hammangaruchic serviçasi, CA, In-Hassed Clarical tessing, Michiganelica, regulatory	eral proposition and descriptions, companies they not be three-by and development and related produc	on and sandors
(Purpose(	s) of corporation authorized in home state	or country to be carried out in state of Florida)	
Name and stre	et address of Florida registered agent:	(P.O. Box NOT acceptable)	
Name:	Registered Agent Solution	<u>is, Inc.</u>	
fice Address:	155 Office Plaza Dr. Suite A	·	
	Taliahassee	Marida 32301	
	i alialiassee		

and I am familiar with and accept the obligations of my position as registered agent.

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

	s and business addresses of officers and of directory 1 SEP 21 AM 5: OL
A. DIRE	CTORS  SECRETARY OF STATE
Chairman:	Please see attached  SECRETARY OF STATE  TALLAHASSEE FLORIDA
_	
Vice Chair	nan:
Address: _	
_	
Director:	
Address: _	
_	
Director:	
_	
B. OFFI	CERS
President:	Please see attached
Address: _	
_	
Vice Presid	lent:
Secretary:	
Treasurer:	
Address:	
_	f necessary/You may attach am addendym to the application listing additional officers and/or directors.
13.	we will be application vising administration of the clork.
	Signature of Director or Officer
are true ar	or or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes a see felony as provided for in s.817.155, F.S.
_	C. Ward, Sr. VP & General Counsel

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

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The name of its officers and directors and their business addresses are as follows:

#### Officers:

Matthew M. Winkler
Chief Executive Officer; Chief Scientific Officer
2150 Woodward St., Suite 100
Austin, TX 78744

Rolland D. Carlson President 2150 Woodward St., Suite 100 Austin, TX 78744

Lynne Hohlfeld Chief Financial Officer 2150 Woodward St., Suite 100 Austin, TX 78744

Ana Ward Senior Vice President; General Counsel; Secretary 2150 Woodward St., Suite 100 Austin, TX 78744

Carol Berry
Vice President and General Manager, Pharmacogenomic Services
2150 Woodward St., Suite 100
Austin, TX 78744

#### Board of Directors:

John E. Mooney c/o Asuragen, Inc. 2150 Woodward St., Suite 100 Austin, TX 78744

David W. Sargent c/o Asuragen, Inc. 2150 Woodward St., Suite 100 Austin, TX 78744

Matthew M. Winkler c/o Asuragen, Inc. 2150 Woodward St., Suite 100 Austin, TX 78744

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Evan S. Melrose c/o Asuragen, Inc. 2150 Woodward St., Suite 100 Austin, TX 78744

Rolland D. Carlson o/o Asuragen, Inc. 2150 Woodward St., Suite 100 Austin, TX 78744

Lyle Arnold c/o Asuragen, Inc. 2150 Woodward St., Suite 100 Austin, TX 78744

Christopher D. Barl c/o Asuragen, Inc. 2150 Woodward St., Suite 100 Austin, TX 78744

Robert J. Dominici c/o Asuragen, Inc. 2150 Woodward St., Suite 100 Austin, TX 78744 SECRETARY OF STATE

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# Delaware

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PAGE BECRETARY OF STATE TALLAHASSEE, FLORIDA

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASURAGEN, INC." 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-SEVENTH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASURAGEN, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2005.

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

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

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CATION: 9055357

DATE: 09-27-11