Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To: | | |
|---------|--|--|
| 10. | Division of Corporations | - 岩澤 |
| | Fax Number : (850)617-6381 | |
| | , , | <u> </u> |
| From: | | awag a jing Kaling Kaling Malina |
| | Account Name : EDWARDS WILDMAN PALMER LLP | 11 |
| | Account Number : 075410001517 | • • • |
| | Phone : (561)833-7700 | |
| | Fax Number : (561)655-8719 | |
| | | |
| ter the | email address for this hyginas antity to be use | |
| er the | email address for this business entity to be use | nd for fut |

FOREIGN PROFIT/NONPROFIT CORPORATION ECLOUD GENOMICS INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

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SECRETARY OF STATE
ANALYSEE FLORIDA

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8-8-13

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| | BUSINESS IN FLORIDA | E.Co | 12 | |
|--|---|---------------------------------------|---------------|--------------------------|
| | WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUI | | | • |
| EGISTER A FOR | PEIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLOR | IDA: | 9 | <u> </u> |
| , _eCloud Gen | omics Inc. | | - | = |
| (Enter name of co | orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," | <u> </u> | P | _{परहा} - ह्य |
| "Inc.," "Co.," "Co | orp," "Ine," "Co," or "Corp,") | | f. | • |
| | | | <u></u> | |
| (If name unavails | ble in Florida, enter alternate corporate name adopted for the purpose of transacting bu | siness in I | | - |
| | 111 APA 0712 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | . • |
| · | ander the law of which it is incorporated) (PEI number, if applicab | le) | | |
| July 24, | • | · | | |
| | of incorporation) (Duration: Year corp. will cease to exis | it or "perp | etual") | - |
| . Upon filing | L | | ٠., | |
| | (Date first transacted business in Plorida, If prior to registration) | | | - |
| | (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) | | | |
| <u>.15403 Fe</u> | nton Place, Tampa FL 33647 | | | - |
| 45400.5 | (Principal office address) | | | |
| 154U3 FE | enton Place, Tampa FL 33647 (Current mailing address) | | | - |
| | (Current maning accress) | | | , . |
| Engage in | all lawful activities or business permitted in the State | of Flo | rida. | |
| (Purpose(s |) of corporation authorized in home state or country to be carried out in state of Florida |) | | * |
| . Name and stree | t address of Florida registered agent: (P.O. Box NOT acceptable) | | | |
| Name; | Johnathan M. Lancaster | | | |
| Nicon Address | 15403 Fenton Place | | | |
| Office Address: | · · · · · · · · · · · · · · · · · · · | | • | |
| | Tampa , Florida 33647 (Zip code) | | | |
| | (City) (Zip code) | | | |
| 0. Registered as | gent's acceptance; | | | nlano |
| laving been nam | ed as registered agent and to accept service of process for the above stated con application, I hereby accept the appointment as registered agent and agree to | poracon act in th | is capa | piace icity. |
| iesignaiea in inis Suituse avens to c | omply with the provisions of all standes relative to the proper and complete pe | rformañ | ce of n | ıy duli |
| and Lamfamilian | with and accept the obligations of fav position as registered agent. | | | |
| • | | | | |
| | | | | |
| | 199 | - | | |
| | (Registered agent's Signature) Johnathan M. Lancaster | | | |
| II. Attached is a | certificate of existence duly authenticated, not more than 90 days prior to delive | ery of this | s applic | ation |
| the Department of | State, by the Secretary of State or other official having custody of corporate re- | cords in t | ine juri: | scictic |
| under the law of v | which it is incorporated. | | | |

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| 12. Nan | nes and business addresses of officers and/or directors: | | | • |
|---------------|---|-------------|---------------------|----------------------|
| ۸. DIR | ECTORS | | | |
| Chairmar | n, Johnathan M. Lancaster | | | |
| Address: | 15403 Fenton Place, Tampa FL 33647 | | | |
| | | - | , | . · |
| Vice Cha | nirman: | | | |
| | | | | -: |
| | | E | だ | |
| Discourse | | <u></u> | aug | , |
| | | <u>5</u> | - 7 | = |
| Address: | | 119 | 70 | 177 |
| | | *** ; ; | F | - |
| Director: | | | U | ···· |
| Address: | | | | |
| | | | | |
| | and CEO: Johnathan M. Lancaster 15403 Fenton Place, Tampa FL 33647 | | | |
| Vice Pres | sident: | | <u>.</u> | |
| Address; | | | | |
| | | | | |
| Secretary | Johnathan M. Lancaster | | | · |
| Address: | 15403 Fenton Place, Tampa FL 33647 | | | |
| | Johnathan M. Lancaster | | | |
| Address: | 15403 Fenton Place, Tampa FL 33647 | | <u> </u> | |
| note: | If necessary, you may attach an addendum to the application listing additional officers an | d/or direc | tors. | |
| 13 | Signature of Director of Officer | | | |
| are true | cer or director signing this document (and who is listed in number 12 above) affirms that the and that he or she is aware that false information submitted in a document to the Department gree felony as provided for in s.817.155, F.S. | re facts s | inted l' le cons | terein stitutes a |
| 14. <u>JO</u> | hnathan M. Lancaster, President | | | |
| | (Typed or printed name and capacity of person signing application) | • | | |

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ECLOUD GENOMICS 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-FOURTH DAY OF
JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ECLOUD GENOMICS INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

12 AUG -7 PM 4: 15
SECRETARY OF STATE
ITALLAND SSEE FOR DOIN

5188256 8300

120866179

AUTHENTY CATION: 9730528

DATE: 07-24-12

You may verify this certificate online at corp.delaware.gov/authver.shtml