

F12000004965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

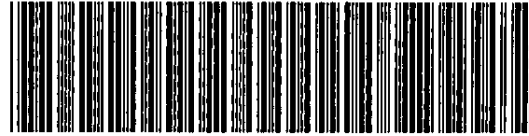
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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12/11/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ABREON, INC.

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:

FERDINAND ALFAJORA/TAX DEPARTMENT

Name of Person

ABREON, INC.

Firm/Company

680 ANDERSEN DRIVE, SUITE 500

Address

PITTSBURGH, PA 15220

City/State and Zip code

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

For further information concerning this matter, please call:

FERDINAND ALFAJORA/TAX DEPARTMENT

Name of Person

at (888) 972-6255

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

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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

ABREON, INC.

73-1647755

ATX1

**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. ABREON, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ABREON

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DE

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

3. 73-1647755

(FEI number, if applicable)

4. 6/17/2002

(Date of incorporation)

5. PERPETUAL

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

6. 1/1/2013

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

7. 680 ANDERSEN DRIVE, SUITE 500, PITTSBURGH, PA 15220

(Principal office address)

1940 E. MARIPOSA AVENUE, EL SEGUNDO, CA 90245

(Current mailing address)

8. MANAGEMENT CONSULTING SERVICES

(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.


(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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ABREON, INC.

73-1647755

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DIVISION OF CORPORATIONS

ATX1

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

12 DEC 10 PM 12:49

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: HOWARD SCHAPIRO

Address: 680 ANDERSEN DRIVE, SUITE 500

PITTSBURGH, PA 15220

Director: STACY TIPTON

Address: 680 ANDERSEN DRIVE, SUITE 500

PITTSBURGH, PA 15220

B. OFFICERS

President: HOWARD SCHAPIRO

Address: 680 ANDERSEN DRIVE, SUITE 500

PITTSBURGH, PA 15220

Vice President: _____

Address: _____

Secretary: STACY TIPTON

Address: 680 ANDERSEN DRIVE, SUITE 500, PITTSBURGH, PA 15220

Treasurer: DINAH STRAYER

Address: 680 ANDERSEN DRIVE, SUITE 500, PITTSBURGH, PA 15220

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

13. Stacy Tipton

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. STACY TIPTON - SECRETARY

(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 DELAWARE, DO HEREBY CERTIFY "ABREON, 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 THIRTIETH DAY OF NOVEMBER, A.D. 2012.

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 10 PM 12:49

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0024730

DATE: 11-30-12