

F1300 000 2730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

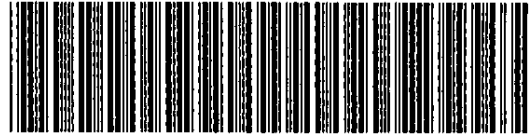
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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W13-35826  
(4)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 11, 2013

HOWARD SIMON  
1140 O'BRIEN DR SUITE A  
MENLO PARK, CA 94125

SUBJECT: DNA TWOPOINTO, INC.  
Ref. Number: W13000033836

We have received your document for DNA TWOPOINTO, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 913A00014620

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** DNATwopointO, 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:

Howard Simon  
Name of Person  
DNATwopointO, Inc.  
Firm/Company  
1140 O'Brien Drive, Suite A,  
Address  
Menlo Park, CA 94025  
City/State and Zip code  
hsimon@dna20.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Howard Simon at ( 650 ) 853-8347 x 1073  
Name of Person Area Code & Daytime Telephone Number

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### 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

**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. DNATwopoint0, Inc.  
(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. CALIFORNIA 3. 74-3076460  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/15/03 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1140 O'BRIEN DRIVE, SUITE A, MENLO PARK, CA 94025  
(Principal office address)

SAME  
(Current mailing address)

8. PROTEIN ENGINEERING AND GENE SYNTHESIS SALES  
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

C T Corporation System by:

Sierra Burris  
Vice President & Assistant Secretary  
(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: JEREMY MINSULL, PH.D.

Address: 1140 O'BRIEN DRIVE, SUITE A, MENLO PARK CA 94025  
(SAME ADDRESS FOR ALL DIRECTORS AND OFFICERS)

Vice Chairman: CLAES GUSTAFSSON, PH.D.

Address: \_\_\_\_\_

Director: SRIDHAR GOVINDARAJAN, PH.D.

Address: \_\_\_\_\_

Director: Jon Ness, PH.D.

Address: \_\_\_\_\_

**B. OFFICERS**

President: JEREMY MINSHULL, PH.D.

Address: \_\_\_\_\_

Vice President: CLAES GUSTAFSSON, PH.D.

Address: \_\_\_\_\_

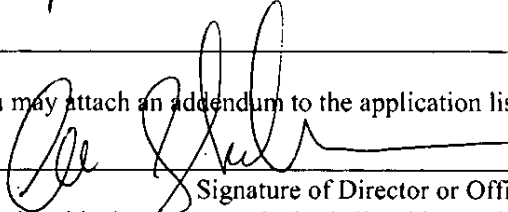
Secretary: Jon Ness, PH.D.

Address: \_\_\_\_\_

Treasurer: Jon Ness, PH.D.

Address: \_\_\_\_\_

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

13.   
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. CLAES GUSTAFSSON, Vice President, Director & Co-Founder  
(Typed or printed name and capacity of person signing application)

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ATTACHMENT 4

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

DNA TWOPOINTO INC.

**FILE NUMBER:** C2486419  
**FORMATION DATE:** 01/15/2003  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of March 27, 2013.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State