

F1300000 3666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

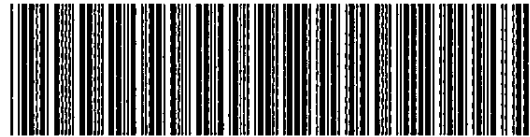
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 AUG 23 PM 1:45

*[Signature]*  
8.28.2013

## COVER LETTER

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

**SUBJECT:** Saladax Biomedical, 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:

Michael Duda  
Name of Person  
Saladax Biomedical, Inc.  
Firm/Company  
116 Research Drive  
Address  
Bethlehem PA 18015  
City/State and Zip code  
mduda@SALADAX.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Duda at ( 610 ) 419-6731  
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

**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.

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1. Saladax Biomedical Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Saladax Biomedical, Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 200747215  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/12/2004 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 116 Research Dr. Bethlehem PA 18015  
(Principal office address)
- 116 Research Dr. Bethlehem PA 18015  
(Current mailing address)

8. Provide clinical testing of patient samples for chemotherapy.  
(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: TRAC - THE REGISTERED AGENT COMPANY

Office Address: 1574 VILLAGE SQUARE BOULEVARD, SUITE 100

TALLAHASSEE, Florida 32309  
(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.*

MEHpe ASST. SEC.  
(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.

## A. DIRECTORS

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

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

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

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

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

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



## **Saladax Biomedical Inc**

### **Board of Directors**

Greg	Critchfield	Chairman	2749 E. Parleys Way, Suite 200, Salt Lake City, UT 84109
Adrienne	Choma	Director	116 Research Drive Bethlehem, PA 18015
Edward	Erickson	Director	6887 Tohickon Hill Rd. Pipersville, PA 18947
Joel	Gross	Director	21 Tinsman Road Frenchtown, NJ 08825
Kevin	Harter	Director	116 Research Drive Bethlehem, PA 18015
James	Hensel	Director	2911 Orchard Hill Place Lake Oswego, OR 97035
Enrico	Petrillo	Director	800 Boylston Street Ste 2825 Boston, MA 02199
Salvatore	Salamone	Director	116 Research Drive Bethlehem, PA 18015

# Delaware

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## *The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SALADAX BIOMEDICAL, 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 FIFTEENTH DAY OF AUGUST, A.D. 2013.

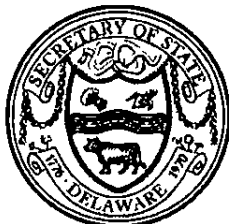
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SALADAX BIOMEDICAL, INC." WAS INCORPORATED ON THE TWELFTH DAY OF FEBRUARY, A.D. 2004.

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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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0669305

DATE: 08-15-13