

F 14000001978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

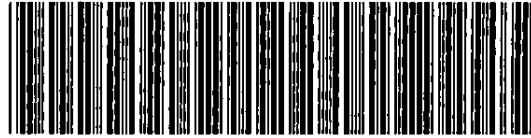
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

6385-

W14000019586



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14 MAY -5 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/6/14

**COVER LETTER**

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

**SUBJECT:** AlphaGenomix Laboratories 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:

Tarek S. Abdel-Aleem, Esquire

Name of Person

C/O Confirmatrix Laboratory, Inc

Firm/Company

1770 Cedars Road, Ste 200

Address

Lawrenceville, GA 30045

City/State and Zip code

tarekaaleem@gmail.com

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

For further information concerning this matter, please call:

Tarek Abdel-Aleem

Name of Person

at ( 678 ) 6728886

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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TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2014

TAREK S. ABDEL-ALEEM, ESQUIRE  
1770 CEDARS ROAD  
SUITE 200  
LAWRENCEVILLE, GA 30045

SUBJECT: ALPHAGENOMIX LABORATORIES INC.  
Ref. Number: W14000019586

We have received your document for ALPHAGENOMIX LABORATORIES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 514A00006597

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14 MAY -5 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. AlphaGenomix Laboratories 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. Georgia

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. September 16, 2013

(Date of incorporation)

5. Perpetual

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

6. Never, as of today's date

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

7. 1130 Hurricane Shoals Rd NE, Suite 1800, Lawrenceville, GA 30043

(Principal office address)

1130 Hurricane Shoals Rd NE, Suite 1800, Lawrenceville, GA 30043

(Current mailing address)

8. Clinical Laboratory and all other lawful business

(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, Florida 33324

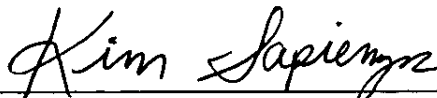
(City)

(Zip code)

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TALLAHASSEE, FLORIDA

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.

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

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14 MAY -5 PM 3: 15

**A. DIRECTORS**

Chairman: Paul Wesley Warrington

Address: 1130 Hurricane Shoals Road NE, Ste 1800  
Lawrenceville GA 30043

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice Chairman: \_\_\_\_\_

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

Director: Jordan Satary

Address: 1130 Hurricane Shoals Road NE, Ste 1800  
Lawrenceville GA 30043

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Paul Wesley Warrington

Address: 1130 Hurricane Shoals Road NE, Ste 1800  
Lawrenceville, GA 30043

Vice President: \_\_\_\_\_

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

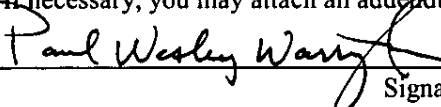
Secretary: Paul Wesley Warrington

Address: 1130 Hurricane Shoals Road NE, Ste 1800

Treasurer: \_\_\_\_\_

Address: Lawrenceville, GA 30043

**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. Paul Wesley Warrington, CEO, Director, Office, Secretary, and Chairman

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

# STATE OF GEORGIA

Secretary of State  
Corporations Division  
313 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 13448369  
DATE INC/AUTH/FILED : September 16, 2013  
JURISDICTION : Georgia  
PRINT DATE : March 12, 2014

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ALPHA GENOMIX LABORATORIES INC  
A Domestic Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*B. P. Kemp*

Brian P. Kemp  
Secretary of State

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TALLAHASSEE, FLORIDA