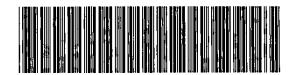
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(Re	equestor's Name)			
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:/				

Office Use Only



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#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: ASPIRA LABS, 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:
Benjamin A. Kimball
Name of Person
Vernillion, INC
Firm/Company
12117 Bee Caves Rand Building J, Snite 100
City/State and Zip code  By in by Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Renguin Kimball at (951) 751. 7876  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations 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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certificate of Status Certified Copy Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANO REGISTER A FO	TE WITH SECTION 607.1503, FLORIDA'S PREIGN CORPORATION TO TRANSACT I	TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.		
(Enter name of	corporation; must include "INCORPORATED," Corp.," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
, 60.,	corp. inc., co, or corp. )			
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
2. <u>Uth</u>	ry under the law of which it is incorporated) 3.	75-3013571		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4	of incorporation) 5.	(Duration! Year corp. will cease to exist or "perpetual")		
	of mediporation)	(Duration: Year corp. will cease to exist or "perpetual")		
6	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7. 12117	FM2244 Rd, Bldg	3-100, Austin TX 78738 3-100, Austin TX 78738		
12117	FM2244 Rd, Blda	3-100. Austin TX 78738		
<del></del>	(Current mailing add	ress)	•	
		SE SE	Ç.	
8. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	· []	
Name:	Caren Allen	<b></b>		
Office Address:	200 fm lue 5. # 27	30	,	
Office / Idai ess.			- 10	
	ST. Pekesburg, FL	, Florida		
	(City) <b>O</b>	(Zip code)	•	
9. Registered age				
		ice of process for the above stated corporation at the plac nent as registered agent and agree to act in this capacity.		
further agree to co	mply with the provisions of all statutes r	elative to the proper and complete performance of my	•	
duties, and I am fa	miliar with and accept the obligations of	f my position as registered agent.		
a				
(Registered agent's signature)				

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: 06032 hoen Vice Chairman: Address: Director: Address: Director: Address: **B. OFFICERS** Address: 06032 Vice President: Address: \_ Address: Treasurer: Souci NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Schoen Secretary & Treasure (Typed or printed name and capacity of person signing application)

PAGE 1



### State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903 141077409

9080211 ASPIRA LABS INC 12117 BEE GAVES ROAD BLDG 3#100 AUSTIN 08-18-2**014** 

ATTN: JULIE CARRILLO

DESCRIPTION	AMOUNT
ASPIRA LABS, INC.	
3484726 8300 Certificate in Re Short Certification Fee	50.00
FILING TOTAL	50.00
TOTAL PAYMENTS	50.00
SERVICE REQUEST BALANCE	.00

78738

TX

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ASPIRA LABS, 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 EIGHTEENTH DAY OF AUGUST,

A.D. 2014.

3484726 8300

141077409

AUTHENTY CATION: 1627973

DATE: 08-18-14

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