

F14000005448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

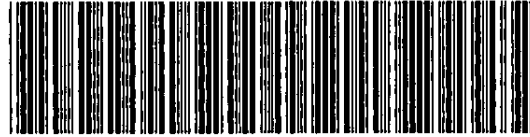
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DIVISION OF REVENUE
TREASURY DEPARTMENT

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AKESOGEN, 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:

MARK BOUZYK, PhD
Name of Person
AKESOGEN
Firm/Company
3155 NORTHWOODS PL.
Address
NORCROSS, GA. 30071
City/State and Zip code
mbouzyk@akesogen.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK BOUZYK at (770) 542-0890
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

AKESOgen

12/22/2014

Dear Sir/Madam,

Enclosed is our application for Certificate of Authority for the State of Florida. Also enclosed is a check for our fee of \$70.00.

Included is our Certificate of Status from the State of Delaware. We did not receive an original document from Delaware thus were not able to include an original. Per discussion with Jessica Fason this would not present a problem.

Sincerely,



Dr. Mark Bouzyk
Chief Scientific Officer
Tel: 404 771 8667

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DIVISION OF REGISTRATION
STATE OF 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. AKESIDGEN 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. DELAWARE 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/9/2010 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NOT TRANSACTED
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3155 NORTHWOODS PL, NORCROSS GA 30071
(Principal office address)

3155 NORTHWOODS PL, NORCROSS GA 30071
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

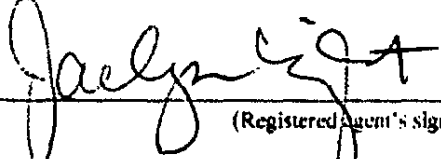
Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr. Suite A

Tallahassee Florida 32301
(City) (Zip code)

9. 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.


Jaclyn Wright, Asst. Secretary
(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.

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DIVISION OF CORPORATE REGISTRATION
FLORIDA DEPARTMENT OF STATE

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

A. DIRECTORS

Chairman: Robert Boisjoli

Address: 3155 NORTHWOODS PLACE
NORCROSS, GA. 30071

Vice Chairman: (member) MARK BOUZYK

Address: 3155 NORTHWOODS PL.
NORCROSS, GA. 30071

Director: (member) BRIAN LEYLAND-JONES

Address: 3155 NORTHWOODS PL.
NORCROSS, GA. 30071

Director: (member) Hywel Jones

Address: 3155 NORTHWOODS PL.
NORCROSS, GA. 30071

B. OFFICERS

President: SAME AS ABOVE.

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. M. Leal

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.

13. MARK BOUZYK, DIRECTOR/OFFICER

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

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DEPARTMENT OF STATE

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AKESOGEN, 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 FOURTEENTH DAY OF OCTOBER, A.D. 2014.



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1778774

DATE: 10-14-14