

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

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Fax Number

: (850)878-5368

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Page 11	Address:			
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FOREIGN PROFIT/NONPROFIT CORPORATION

Metamark Genetics, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration S Division of C			•	
SUBJ	ECT: Metami	ark Genetics, Inc.			
		Name	of corporation	- must include suffix	
Dear S	ir or Madam:				
"Ccrtif	ficate of Exister		of Good Star	Authorization to Transa ding" and check are sub ss in Florida.	
Please	return all corre	spondence concerni	ing this matter	to the following:	
Benjan	nin Linden				
			Name of	Person	
Metam	ark Genetics, Inc	ı.			•
			Firm/Com	pany	
245 Fir	st Street, 10th flo	oor			
-			Addro	:88	
Cambr	idge, MA 02142	-			
			City/State as	nd Zip code	
benjam	in.linden@metar	narkgenetics.com			
		E-mail address	: (to be used t	or future annual report	notification)
For fur	ther information	n concerning this m	atter, please o	all:	
Benjan	nin Lind en		at (617	583-1422	
	Name of Pers	on	at (617 Area Code	Daytime Telep	hone Number
Enclose	Registration S Division of Co Cliffon Buildin 2661 Executiv Tallahassee, F	orporations ng re Center Circle		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
□ \$ 70	.00 Filing Fee	☐ \$78.75 Filing Certificate o		\$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.

Metamark Gene	Metamark Genetics, Inc.						
(Enter name of c	orporation; must include "INCORPORATED," "('orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	٧,"				
(If name unavail	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
2.	3,	(FEI number, if applicable)		,			
(State or countr 4. 11/2/07	y under the law of which it is incorporated) 5						
(Date	of incorporation)	(Date of duration, if other than perpetual)					
6							
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		ity)				
245 First Street, (Cambridge MA 02142	,, ,	• ·				
<u> </u>	(Principal	office address)					
(Current mailing address, if different)							
			क्रिके हा	- III			
8. Name and stree	et address of Florida registered agent: (P.O. E	Box NOT acceptable)		I company			
Name:	C T Corporation System	_	b A IO: 2	m			
Office Address:	1200 South Pine Island Road			O			
	Plantation, FL 33324	, Florida					
	(City)	(Zip code)					
designated in this further agree to co duties, and I am f	ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes relainmiliar with and accept the obligations of m CT Corporation Systems	nt as registered agent and ug utive to the proper and compl ny position as registered agen om	ree to act in this capa ete performance of m	ictly			
Ву:	app ary	Wittenwyler, Ast. Secretary					
	(Registered age	nt'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 Address: Vice Chairman: _ Address: _ Gregory Critchfield Director: 245 First Street, Cambridge MA 02142 Michael Kauffman 245 First Street, Cambridge MA 02142 Address: B. OFFICERS Jerry Williamson 245 First Street, Cambridge MA 02142 Vice President: Chief Executive Officer: Kenneth Weg 245 First Street, Cambridge MA 02142 Sarah Toomey Secretary: 245 First Street, Cambridge MA 02142 Address: Treasurer: 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 11 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. Jerry Williamson, President and Chief Operations Officer (Typed or printed name and capacity of person signing application)

Directors Continued

Raju Kucherlapati

245 First Street

Cambridge MA 02142

Mansoor Mirza

245 First Street

Cambridge MA 02142

Norman Selby

245 First Street

Cambridge MA 02142

Kenneth Weg

245 First Street

Cambridge MA 02142

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "METAMARK GENETICS, 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 SIXTEENTH DAY OF FEBRUARY, A.D.

2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 201834714

Date: 02-16-16

4451335 8300 SR# 20160832477

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