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(Address)						
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PICK-UP WAIT MAIL						
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K.SALY EXAMINER FEB 17

COVER LETTER

	istration Sectision of Corp					
SUBJECT	Geneseek,	Inc.				
SCHOLCI	•	Name of	corporation	- must inclu	de suffix	_
Dear Sir or	Madam:					
"Certificate	of Existence		f Good Star	nding" and ch	neck are sul	nct Business in Florida," omitted to register the
Please retur Nicole Maxa	-	ondence concerning	g this matter	to the follow	wing:	
			Name of	Person	· · · · · ·	
Neogen Corp	oration					
			Firm/Com	ipany		···
620 Lesher F	lace					
			Addre	ess		
Lansing, MI	48912					
		(City/State a	nd Zip code		
nmaxa@neo	gen.com					
		Ê-mail address: ((to be used t	for future and	nual report	notification)
For further	nformation c	oncerning this mat	ter, please o	call:		
Nicole Maxa			517	372-9200	372-9200 x 2389	
Name of Person			Area Cod	e Day	Daytime Telephone Number	
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		section orporations 7
Enclosed is	a check for th	ne following amoun	nt:			
■ \$70.00 F	iling Fee	□ \$78.75 Filing I Certificate of		\$78.75 Fili Certified C	_	□ \$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.

	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATIO	N,"		
(If name unavail	able in Plouide automateurote composite nome	a deuted for the name on of transporti	ag buginess in Florido)		
Nebraska 2.	nilable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida 47-0800891				
	y under the law of which it is incorporated)	(FEI number, if applicable)			
	of incorporation)		(Date of duration, if other than perpetual)		
4131 N, 48th Stre		in Florida, if prior to registration) 1502, F.S., to determine penalty liabil	ity)		
•		ipal office address)	20		
620 Lesher Place	, Lansing, MI 48912		2016 FE		
	(Current mail	ing address, if different)	13 5 V		
. Name and stree	at address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	FA PE		
Name:	C T Corporation System				
office Address:	1200 S. Pine Island Rd.				
	Plantation	33324 , Florida			
	(City)	(Zip code)			
laving been nam esignated in this urther agree to co	ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint comply with the provisions of all statutes amiliar with and accept the obligations	ment as registered agent and agr relative to the proper and comple	ee to act in this capacit ete performance of my		

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 busines's addresses of officers and/or directors: A. DIRECTORS James L. Herbert Chairman: 620 Lesher Place Address: Lansing, MI 48912 Steven J. Quinlan Vice Chairman: 620 Lesher Place Address: Lansing, MI 48912 Jason Lilly Director: 620 Lesher Place Address: Lansing, MI 48912 Jack Parnell Director: 620 Lesher Place Address: Lansing, MI 48912 **B. OFFICERS** James L. Herbert President: 620 Lesher Place Address: Lansing, MI 48912 Vice President: _ Address: Steven J. Quinlan Secretary: 620 Lesher Place, Lansing, MI 48912 Address: _ Steven J. Quinlan Treasurer: 620 Lesher Place, Lansing, MI 48912 Address: _ 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. Steven J. Quinlan Secretary/Treasurer 13.

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

STATE OF NEBRASKA

United States of America, State of Nebraska } ss.

Secretary of State State Capitol Lincoln, Nebraska

I, John A. Gale, Secretary of State of the State of Nebraska, do hereby certify that

GENESEEK, INC.

incorporated on June 18, 1996 and is duly incorporated under the law of Nebraska;

that no occupation taxes due from and assessable against the Corporation are unpaid and have become delinquent;

that no annual or biennial report required to be forwarded by the Corporation to the Secretary of State has become delinquent;

that Articles of Dissolution have not been filed.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of **January 28, 2016**

Secretary of State