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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
HERITAGE BIOLOGICS, INC.**

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

2016 JUN -3 AM 9:59
TALLAHASSEE, FLORIDA

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Electronic Filing Menu Corporate Filing Menu **S. YOUNG** Help

6/3/2016 9:51:19 AM From: To: 8506176383(2/6)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HERITAGE BIOLOGICS, 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:

CT Corporation
Name of Person

Firm/Company

Address

City/State and Zip code

cls-statecommunications@wolterskluwer.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code 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

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

**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. HERITAGE BIOLOGICS, 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. Kansas 3. 47-2288972.
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/10/2014 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 255 NW Victoria Drive, Lee's Summit, MO 64086
(Principal office address)

same
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: _____

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

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Christopher Quesenberry

Address: 255 NW Victoria Drive

Lee's Summit, MO 64086

Vice President: _____

Address: _____

Secretary: Kelsey O'Neill

Address: 255 NW Victoria Drive, Lee's Summit, MO 64086

Treasurer: _____

Address: _____

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

12. 
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. Christopher Lyle Quesenberry
(Typed or printed name and capacity of person signing application)

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**Attachment to Florida
Officers & Directors**

- 1 Full Name: Thomas O'Neill
Officer/Director: Officer
Officer's Title: CEO
Director's Title:
Business Address: 255 NW Victoria Drive
City: Lee's Summit
State: MO
ZIP Code: 64086
- 2 Full Name: Thomas O'Neill
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 255 NW Victoria Drive
City: Lee's Summit
State: MO
ZIP Code: 64086
- 3 Full Name: Christopher Quesenberry
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 255 NW Victoria Drive
City: Lee's Summit
State: MO
ZIP Code: 64086

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**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 9905407

Entity Name: HERITAGE BIOLOGICS, INC

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: CHRISTOPHER FRANKLIN PICKERING

Registered Office: 601 N Mur Len Road, OLATHE, KS 66062

was filed in this office on November 10, 2014, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of June 02, 2016

**KRIS W. KOBACH
SECRETARY OF STATE**

Certificate ID: 806326 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

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