Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (512)418-6949

Fax Number : (954)208-0845

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

Email Address:\_\_\_\_\_

#### FOREIGN PROFIT/NONPROFIT CORPORATION

Enzo Clinical Labs, Inc.

Certificate of Status	0
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Page Count	06
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#### **COVER LETTER**

	tration Section ion of Corporatio	ns			
SUBJECT:	Enzo Clinical Lat	os, Inc.			•
505010011		Name of corpor	ation - int	st include suffix	
Dear Sir or M	adam:				
"Certificate o	f Existence," or "	Foreign Corporation Certificate of Good oration to transact b	Standing	" and check are sub	et Business in Florida," mitted to register the
Please return	all corresponden	e concerning this n	iaiter to th	ne following:	
James O'Brien					
		Nam	e of Perso	n	4,10 -1-11 -1-11
Enzo Clinical	Labs, Inc.				
		Firm	/Company		
60 Executive !	Blvd.				
		,	Address		
Farmingdale, l	NY 11735				
		City/St	ate and Z	p code	
logal@enzo.co			<del></del>		
	E-n	ail address: (to be t	ised for fi	iture annual report i	notification)
For further in	formation conce:	ning this matter, plo	ese call:		
James O'Brien		at ( 63 i	) <del>.</del>	55-5500	
Nam	e of Person	Area	Code	Daytime Telep	hone Number
Regis Divis Clifto 2661	EET/COURIER stration Section ion of Corporation on Building Executive Cente hassee, FL 3230	ons r Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a	check for the fol	lowing amount;			
□ \$70.00 Fi		78.75 Filing Fee & Certificate of Status		8.75 Filing Fee & riffied 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 697.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	abs, Inc.		
(Enter name of e	orporation; must include "INCORPORATE! orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	
(If came unavaile	ible in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business	in Florida)
2. New York		3.	
(State or countr 02/03/1987		(FEI number, if applicable)  5.	
·	efince:peration)	5. (Date of duration, if other than perpo	ctual)
6. N/A			
C		s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	- admir-18 17 disab Bradis Burlandia-19 <sup>mm</sup> 17
60 Executive Dri	ve. Farmingdale, NY 11735		5
J	(Prin	neipal office address)	700
			こって
<del></del>	(Current ma	illing address, if different)	10年21日
C. Name and area		<i>816</i> · ·	10年20 10年20
	(Current mu et address of Florida registered agent: ( C T Corporation System	<i>816</i> · ·	TIL 20 A 9:
Name;	et address of Florida registered agent: ( C T Corporation System 1200 South Pine Island Road	P.O. Box <u>NOT</u> acceptable)	2017 JUL 20 AM 9: 13 SECTEDARY SEE, FLORID
Name;	et address of Florida registered agent: ( C T Corporation System 1200 South Pine Island Road	P.O. Box <u>NOT</u> acceptable)	TULL 20 AM 9: 13
Name;	et address of Florida registered agent: ( C T Corporation System 1200 South Pine Island Road	<i>816</i> · ·	TUL 20 AM 9: 13
Name; Office Address:  9. Registered ag Having been nan designated in this further agree to c	et address of Florida registered agent: ( CT Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: and as registered agent and to accept so application, I hereby accept the appoin	P.O. Box NOT acceptable)  Florida 33324 (Zip code)  rivice of process for the above stated corpor intment as registered agent and agree to act as relative to the proper and complete perfors of my position as registered agent.	ration at the place in this capacity. I

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	TALLAHASSEE, FLORIE
Chairman:	· · · · · · · · · · · · · · · · · · ·
Address:	
Vice-Chairman:	
Address:	
Director: Barry W. Weiner	
Address: 60 Executive Drive, Farmingale, NY 11735	
Director: Elazar Rabbani, Ph.D.	
Address: 60 Executive Drive, Farmingale, NY 11735	
B. OFFICERS  President: Chief Executive Officer: Elazar Rabbani, Ph.D.  Address: 60 Executive Drive, Farmingale, NY 11735	· · · · · · · · · · · · · · · · · · ·
Vice President: 0? Sales: Bruce A. Dey	
Address: 60 Executive Drive, Farmingale, NY 11735	
Secretary: President: Barry W. Weiner	
Address: 60 Executive Drive, Farmingale, NY 11735	A.21.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
Treasurer: Executive Vice President, Finance: James O'Brien	
Address: 60 Executive Drive, Farmingale, NY 11735	
NOTE: If necessary, you may attach an addendum to the application listing additional officer	s and/or directors.
12. Signature of Director or Officer	
Signature of Director or Officer. The officer or director signing this document (and who is listed in number 11 above) affirms the are true and that he or she is aware that false information submitted in a document to the Depa a third degree felony as provided for in s.817.155, F.S.	
13. James O'Brien, Executive Vice President, Finance	
(Typed or printed name and capacity of person signing application)	

#### <u>ADDENDUM</u>

ENZO CLINICAL LABS, INC.

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

#### ADDITIONAL OFFICERS:

Name	Title	Business Address
Bruce A. Dey	Vice President, Sales	60 Executive Drive, Farmingdale, NY 11735



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# State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ENZO CLINICAL LABS, INC. was filed on 02/03/1987, under the name of ENZOLABS, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a cortificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Cortificate of Amendment ENZOLABS, INC., changing its name to ENZO CLINICAL LABS, INC., was filed 12/19/1994.

The Biennia: Statement is past due.

OF NEW

Witness my hand and the official seal of the Department of State at the City of Albany, this 19th day of July two thousand and seventeen.

...

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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