

F17000003362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

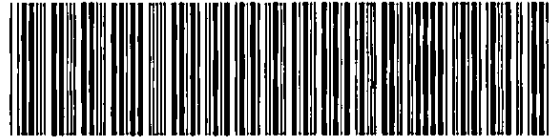
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000301914490

FILED

2017 JUL 28 AM 8:25

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DEPT. RECEPTION

17 JUL 28 PM 3:28

JUL 31 2017  
J. HARRIS

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserv.com  
e-mail: info@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 7/28/2017

**PRIORITY** Routine

**OUR REF.# (Order ID#)** 590849

**ORDER ENTITY**  
GENOME MEDICAL, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

GENOME MEDICAL, INC. ( FL )

File the attached foreign qualification document

Please provide a certified copy as evidence.

**NOTES:**

\$78.75 Authorized

Email address for annual report reminders: jamin.agosti@pillsburylaw.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in cursive script that reads "Melissa".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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. Genome Medical, 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. Utah 3. 81-3033508

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. January 3, 2017

(Date of incorporation)

5. \_\_\_\_\_

(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. 95 Third Street, 2nd Floor #214 San Francisco, CA 94103

(Principal office address)

(Current mailing address, if different)

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

Name: VCORP SERVICES, LLC

Office Address: 5011 South State Road 7, Suite 106

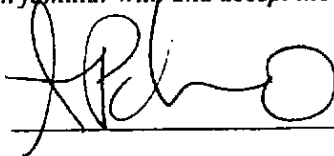
Davie . Florida 33314

(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.*



Anthony Palazzo, Secretary, Vcorp Services

(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.

2017 JUL 28 AM 8:25  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

Director: Lisa Alderson

Address: 95 Third Street, 2nd Floor, #214

San Francisco, California 94103

Director: Randal W. Scott

Address: 95 Third Street, 2nd Floor, #214

San Francisco, California 94103

**B. OFFICERS**

President: Lisa Alderson (or Chief Executive Officer)

Address: 95 Third Street, 2nd Floor, #214

San Francisco, California 94103

Vice President: \_\_\_\_\_

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

Secretary: Lisa Alderson

Address: 95 Third Street, 2nd Floor, #214 San Francisco, California 94103

Treasurer: Lisa Alderson (or Chief Financial Officer)

Address: 95 Third Street, 2nd Floor, #214, San Francisco, California 94103

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. Lisa Alderson, President or Chief Executive Officer

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

FILED  
2017 JUL 28 AM 8:25  
TALLAHASSEE FLORIDA

## ADDENDUM

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

### A. DIRECTORS

Director: Robert C. Green

Address: 95 Third Street, 2nd Floor, #214

San Francisco, California 94103

Director: Tim Howe

Address: 95 Third Street, 2nd Floor, #214

San Francisco, California 94103

Director: Stephen Bloch

Address: 95 Third Street, 2nd Floor, #214

San Francisco, California 94103

Director: \_\_\_\_\_

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

### B. OFFICERS

President: \_\_\_\_\_

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.

FILED  
2017 JUL 28 AM 8:25  
SECRETARY OF STATE  
ATLANTA, GEORGIA



**Utah Department of Commerce  
Division of Corporations & Commercial Code**

160 East 300 South, 2nd Floor, PO Box 146705  
Salt Lake City, UT 84114-6705  
Service Center: (801) 530-4849  
Toll Free: (877) 526-3994 Utah Residents  
Fax: (801) 530-6438  
Web Site: <http://www.commerce.utah.gov>

07/27/2017  
10213908-014207272017-2096030

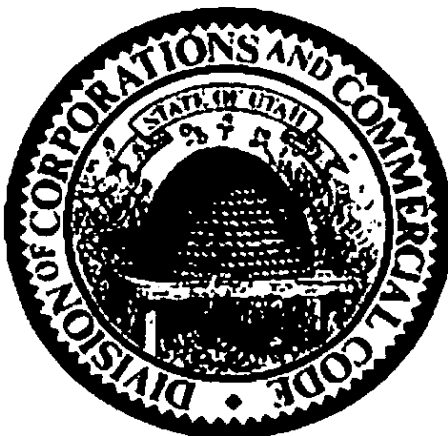
---

---

## **CERTIFICATE OF EXISTENCE**

<b>Registration Number:</b>	10213908-0142
<b>Business Name:</b>	GENOME MEDICAL, INC.
<b>Registered Date:</b>	January 03, 2017
<b>Entity Type:</b>	Corporation - Domestic - Profit
<b>Current Status:</b>	Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Kathy Berg  
Director  
Division of Corporations and Commercial Code