F19000001224

(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





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YECKETARY OF STATAL

FILED

K. SALY MAR 1 4 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO. :	12000000	0195
		REFER	ENCE :	684200	8073950
		AUTHORIZA	TION :	Louis	Para
		COST L	IMIT :	\$ 20.00	Cena
ORDER D	DATE :	March 13, 2	019		
ORDER T	CIME :	9:37 AM			
ORDER N	10. :	684200-010			
CUSTOME	R NO:	8073950			
	-		- 	-	
		FORE:	IGN FILI	<u>NGS</u>	
	NAME:	ADVANCED	CELL DI	AGNOSTICS	,
		22101			
XXXX_ Q	UALIFIC	CATION (TY	PE: <u>CO</u>)		
PLEASE	RETURN	THE FOLLOWIN	NG AS PR	OOF OF FI	LING:
XX	-	TIED COPY STAMPED COPY	Y		

EXAMINER:

COVER LETTER

TO:	P: Registration Section Division of Corporations					
SHR	Advance JECT:	d Cell Diagnostics, l	nc.			
901	,ECT	Name	of corporation	- must inclu	de suffix	
Dear S	Sir or Madam:					
"Certi	ficate of Existend		of Good Stan	ding" and cl	neck are su	act Business in Florida," bmitted to register the
	e return all corres ra Hardy	pondence concern	ng this matter	to the follow	wing:	
		·	Name of I	Person		
Bio-Te	echne Corporation					
614 M	cKinley Place NE		Firm/Com	pany		
Minne	apolis, MN 55413		Addre	SS		
legal@)bio-techne.com		City/State ar	nd Zip code		
		E-mail address	: (to be used f	or future and	nual report	notification)
For fu	rther information	concerning this m	atter, please c	ail:		
, -		612 at (362-8830	362-8830		
	Name of Perso	n	Area Code	Day	time Telep	hone Number
	Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle , 32301		Re Di [,] P.(gistration S	orporations 7
Enclos	sed is a check for	the following amo	ount:			
□ \$70	0.00 Filing Fee	S78.75 Filing Certificate o		\$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.

Advanced Cell	Diagnostics, Inc.		
(Enter name of c	corporation; must include "INCORPORATED," "(Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	,
•	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	business in Florida)
Delaware 2.	3		
(State or country	y under the law of which it is incorporated)	(FEI number, if appl	icable)
4/25/2008			
1	5		
		(Date of duration, if other th	an perpetual)
January 1, 2019 5.			
7707 Gateway Bl	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502 ivd, #200, Newark, CA 94560	F.S., to determine penalty liability)
			HAR ECRE
8. Name and stree	(Current mailing a et address of Florida registered agent: (P.O. E	ddress, if different)	SSEE.
Name:	Corporation Service Company		6: 23 ELORIE
Office Address:	1201 Hays Street	_	>
	Tallahassee	32301 , Florida	
	(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.

Corporation Service Company

By:

Roxanne Turner

Asst. Vice President

(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.

H. Nam	es and business addresses of officers and/or directors:	19 MAR 14 AM 6:29
A. DIRE	ECTORS	SECIES AH F.
Chairman:	·	ALLAHAS OF STATE
Address:		TALLAHASSEE, FLORIDA
-		· · · · · · · · · · · · · · · · · · ·
Vice Chai	rman:	
Address:		
_	James Hippel	
Director:	614 McKinley Place NE	
Address:		
-	Minneapolis, MN 55413	
Director:	-	
4 1 1	614 McKinley Place NE	
	Minneapolis, MN 55413	
B. OFFI	CERS	
President:	Kim Kelderman	
	614 McKinley Place NE	
-	Minneapolis, MN 55413	
Vice Presi	dent:	
Address: _		
Secretary:	Brenda Furlow	
	614 McKinley Place NE, Minneapolis, MN 55413	
Treasurer:	James Hippel	
	614 McKinley Place NE, Minneapolis, MN 55413	
NOTE: I	If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
12	Bunda Fulow	
The office are true as a third dep	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) and that he or she is aware that false information submitted in a document to gree felony as provided for in s.817.155, F.S. da Furlow, Secretary	
13	(Typed or printed name and capacity of person signing appli	cation)

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

DELAWARE, DO HEREBY CERTIFY "ADVANCED CELL DIAGNOSTICS, 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 THIRTEENTH DAY OF MARCH,

A.D. 2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVANCED CELL DIAGNOSTICS, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2008.

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

19 HAR I AH 6: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIN

Authentication: 202436008

Date: 03-13-19

4539192 8300 SR# 20191956345