F1900002019

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(Address)		
(Address)		
(City/State/Zip/Phone #)		
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Account#: 120000000088

Date:	04/25/2019	
Name:	Merritt Walker	
Reference	ce #:1074661	-
Entity Na	ame: AMERICAN THROMBOSIS	R HEMOSTASIS NETWORK, INC.
√ A	rticles of Incorporation/Authorization	o Transact Business
☐ Aı	mendment	
C	hange of Agent	
☐ R	einstatement	
C	onversion	
M	lerger	
D	issolution/Withdrawal	
☐ Fi	ictitious Name	
	ther	
Authoriz	ed Amount:\$70	
Signatur	re: (1111)	

F: 800.944.6607



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Account#: 120000000088

Date: 04/25/	2019	
Name: Me		_
Reference #:		_
		& HEMOSTASIS NETWORK, INC.
✓ Articles of Income.	orporation/Authorization	to Transact Business
Amendment		
Change of Ag	ent	
Reinstatemen	t	
Conversion		
☐ Merger		
☐ Dissolution/W	^r ithdrawa i	
Fictitious Nam	пе	
Other		
Authorized Amount:	\$70	
Signature:	uun)	

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.

(Enter name of cor	AMERICAN THROMBOSIS AND HEM poration; must include "INCORPORATED," "Cop," "Inc," "Co." or "Corp.")		
(If name unavailab	le in Florida, enter alternate corporate name adopt	ed for the purpose of transacting busi	ness in Florida)
2	GA 3	20-5244339	
(State or country	under the law of which it is incorporated)	(FEI number, if applicab	le)
1 .	7/14/2006 5		
(Date o	of incorporation)	(Date of duration, if other than p	erpetual)
7	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, I 67 Red Rock Circle Roche (Principal of	F.S., to determine penalty liability)	
	(Current mailing ad	dress, if different)	
3. Name and street	address of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	Min Aft
Name:	COGENCY GLOBAL INC.	-	
Office Address:	115 North Calhoun Street, Suite 4	-	ν. 1.5
	Tallahassee	_, Florida32301	125 126
	(City)	(Zip code)	
	•		rS

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.

Karen McKeown, Asst. Sec.

(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.

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

A.	DIRECTORS	

Chairman:	Ellis Neufeld		
	67 Red Rock Circle Rochester, NY 14626		
- Vice Chair	rman:		
		· · · · · · · · · · · · · · · · · · ·	
Address:			
Director:			
Address:			-
Director:	Janna Journeycake		
	67 Red Rock Circle Rochester, NY 14626		
B. OFFI	ICERS	· · · · · · · · · · · · · · · · · · ·	
President:	Crystal Watson		
	67 Red Rock Circle Rochester, NY 14626		
Was Dasal	Linda Magliocco	9199	12.02
	dent:67 Red Rock Circle Rochester, NY 14626	<u> </u>	27 27 24,2
		IT N	
Secretary:	Sarah O'Brien	A Pri	
	67 Red Rock Circle Rochester, NY 14626		
Treasurer:	Tammy Vogel		
Address: _	67 Red Rock Circle Rochester, NY 14626		
	If necessary, you may attach an addendum to the application listing additional officers and/or	directors.	
12			
are true ai	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the faund that he or she is aware that false information submitted in a document to the Department of gree felony as provided for in s.817.155, F.S.		
13	Linda Magliocco, VP of Finance and Administration		
	(Typed or printed name and gapacity of person similar analication)		

Control Number: 0655859

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

AMERICAN THROMBOSIS AND HEMOSTASIS NETWORK, INC.

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16632785 Date Inc/Auth/Filed: 07/14/2006 Jurisdiction : Georgia Print Date : 02/06/2019

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State