

F19000003212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

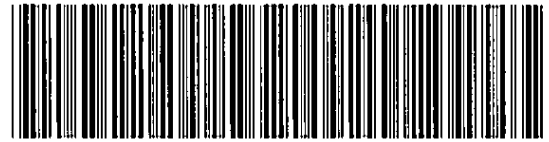
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500331075205

06/28/19--01009--031 **70.00

2019 JUN 28 AM 10:51
FILED
TALLAHASSEE FL 32301

D. BRUCE
JUL 15 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MG 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:
MADIHA

Name of Person

INFOTAXSQUARE.COM

Firm/Company

7 DAVID AVE

Address

HICKSVILLE, NY 11801

City/State and Zip code

brian@mgbiologics.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MADIHA

516

822-3100

at ()

Name of Person

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

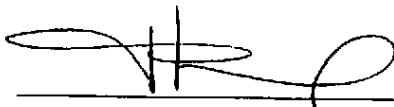
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. MG 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. IOWA 3. 42-1495217
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/14/1999 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 06/24/2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2366 270TH ST., AMES, IA 50014
(Principal office address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: INCorp SERVICES, INC.
- Office Address: 17888 67TH COURT NORTH
LOXAHATCHEE, Florida 33470
(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.



Patricia Reyes on behalf of InCorp Services, Inc.
(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

Director : SARAH ANTHONY

Address: 29425 510TH AVE.

KELLEY, IA 50134

Director : MARK G. MEYER

Address: 1721 "Y" AVE

AMES, IA 50014

Director: ELIZABETH A. MEYER

Address: 1721 "Y" AVE

AMES, IA 50014

Director: _____

Address: _____

B. OFFICERS

President: SARAH ANTHONY

Address: 29425 510TH AVE

KELLEY, IA 50134

President: MARK G. MEYER

Address: 1721 "Y" AVE

AMES, IA 50014

Secretary: ELIZABETH A. MEYER

Address: 1721 "Y" AVE, AMES, IA 50014

Treasurer: BRIAN SVENKESON

Address: 2366 278TH ST., AMES, IA 50014

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. BRIAN SVENKESON - SECRETARY

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

IOWA SECRETARY OF STATE
PAUL D. PATE



CERTIFICATE OF EXISTENCE

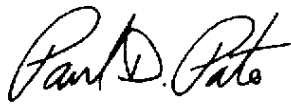
Issue Date: 6/19/2019

Name: MG BIOLOGICS, INC. (490 DP - 232121)
Date of Incorporation: 9/14/1999
Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: CS170452
To validate certificates visit:
sos.iowa.gov/ValidateCertificate


Paul D. Pate, Iowa Secretary of State