14761

| (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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| |

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

| Date:_ | 10/26/2020 | |
|---------|---|----------------------|
| Name: | Merritt Walker | - |
| | nce #: 1281411 | _ |
| Entity | Name: TRANSPLAN | T GENOMICS INC. |
| | | |
| V | Articles of Incorporation/Authorization | to Transact Business |
| | Amendment | |
| | Change of Agent | |
| | Reinstatement | |
| | Conversion | |
| | Merger | |
| | Dissolution/Withdrawal | |
| | Fictitious Name | |
| | Other | |
| | | |
| Author | ized Amount: \$70 | |
| Signati | ure: | |

F: 800.944.6607

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. | TRANSPL | ANT GENO | MICS INC. | |
|----------------------|--|-----------------------------------|---|----------------------------|
| (Enter name of corp | poration; must include "INCORPO p," "Inc," "Co," or "Corp.") | ORATED," "CO | OMPANY," "CORPORATION," | |
| (If name unavailable | e in Florida, enter alternate corpo | rate name adopt | ed for the purpose of transacting bus | siness in Florida) |
| 2. | DE | 3. | 46-2380447 | |
| (State or country t | under the law of which it is incorp | orated) | 46-2380447 (FEI number, if applica | ble) |
| | | | | |
| (Date of | (incorporation) | | (Date of duration, if other than | perpetual) |
| 6 | | | ida, if prior to registration) 3.S., to determine penalty liability) | |
| 7. | 905 South Main St. | , Unit 102, N | Mansfield, MA 02048 | |
| | | (Principal of | fice address) | |
| | (Cu | rrent mailing ad | dress, if different) | |
| 8. Name and street | address of Florida registered a | | | 2028 01 SECH TÄLL Å |
| Name: | COGENCY GLOBA | L INC. | - | OCT 27 |
| Office Address: | 115 North Calhoun Stre | et, Suite 4 | - | 771 |
| | Tallahassee | | , Florida 32301 (Zip code) | |
| | (City) | | (Zip code) | :21 |
| designated in this a | d as registered agent and to a pplication, I hereby accept th mply with the provisions of al | e appointment I statutes relat | f process for the above stated co t as registered agent and agree t ive to the proper and complete p position as registered agent. | to act in this capacity. I |
| | /s/ Sheryl A. Gibbs, A | sst. Sec. | | _ |
| | | Registered agen | t'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: | David Morgan | | | |
|------------|---|--|--|--|
| Address: _ | 1001 NW Technology Drive, Lee's Summit, MO 64086 | | | |
| Vice Chair | man: | | | |
| | | | | |
| Address: | | | | |
| Director: | Matthew Urbanek | | | |
| Address: | 1001 NW Technology Drive, Lee's Summit, MO 64086 | | | |
| _ | | | | |
| Director: | | | | |
| Address: | | | | |
| B. OFFI | CERS | | | |
| President: | David Morgan | | | |
| | 1001 NW Technology Drive, Lee's Summit, MO 64086 | | | |
| | Matthew Urbanek | | | |
| Vice Presi | oent: | | | |
| Address: | 1001 NW Technology Drive, Lee's Summit, MO 64086 | | | |
| Secretary: | Dan Dickinson | | | |
| Address: | 2200 Rittenhouse Street, Suite 175, Des Moines, IA 50312 | | | |
| - | Matthew Urbanek | | | |
| Address: | 1001 NW Technology Drive, Lee's Summit, MO 64086 | | | |
| NOTE: | If necessary, you may attach an addendum to the application listing additional officers and/or directors. | | | |
| 12 | Matthew G. Urbanek Signature of Director or Officer | | | |
| ባሌ - ልማ | | | | |
| are true a | er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S. | | | |
| 13. | Matthew Urbanek Treasurer | | | |
| • | (Typed or printed name and capacity of person signing application) | | | |



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

DELAWARE, DO HEREBY CERTIFY "TRANSPLANT GENOMICS 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 SIXTH DAY OF OCTOBER, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRANSPLANT

GENOMICS INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF MARCH,

A.D. 2013.

Authentication: 203802795

Date: 10-06-20