F22000003635

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Carib, No. 1997)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming officer.
(, (,)
(A) Solo
\
00

Office Use Only



300388442023

RECEIVED

2022 JUN - 7 AM 11: 06 2022 JUN - 7 PM 3: 0

S. ROBERTS

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv°

ORDER FORM

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Me

Melissa Moreau mmoreau@incserv.com 850.656.7953

Ŗ	QU	EST	DAT	E] 6/	6/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1043650

ORDER ENTITY

ADVANCED CELL ENGINEERING, INC.

ΡI	.EASE	PERFORM	THE FOLL	OWING SERVICES:
. •				

ADVANCED CELL ENGINEERING, INC. (FL)

File the attached foreign qualification document and provide a certified copy.

NOTES:_

\$228.75 Authorized

Email address for annual report reminders: Paul@delaneycorporate.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,

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.

Friday, June 10, 2022 Page 1 of 1

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.

(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ng business in Florida)
Delaware 2.	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
4. 9/30/2021	5.		
(Date	5	(Date of duration, if other	than perpetual)
,	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		lity)
7. 819 SW Federal!	lighway, Ste 205, Stuart, FL 34994		
	(Principal office	street address)	
	(Current mailing	address, if different)	
Name:	(Current mailing et address of Florida registered agent: (P.O. Douglas G. Sages 819 SW Federal Highway, Ste 205		2022 JUH - 7
Name:	et address of Florida registered agent: (P.O. Douglas G. Sages	Box <u>NOT</u> acceptable)	
Name:	et address of Florida registered agent: (P.O. Douglas G. Sages 819 SW Federal Highway, Ste 205	Box <u>NOT</u> acceptable)	
Name: Office Address: 9. Registered ag Having been nan designated in this further agree to c	et address of Florida registered agent: (P.O. Douglas G. Sages 819 SW Federal Highway, Ste 205 Stuart	Box NOT acceptable) Florida 34994 (Zip code) of process for the above state nt as registered agent and agritive to the proper and comple	ed corporation at the pla ree to act in this capacit

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS John Kaufman Douglas G. Sages Name: Chairman 🖹 Name: □Chairman 2003 NW Royal Fern Ct. 1491 NW Wild Olive Ct ☐ Vice Chairman Address: □ Vice Chairman Address: Palm City, FL 34990 Palm City, FL 34990 □ Director □ Director □President □President ☐ Vice President ☐ Vice President **■** Secretary ☐ Secretary ☐ Treasurer □ Treasurer ■Other CFO ■Other <u>CEO</u> □Other □Other Timothy Dale Poor □ Chairman ☐ Chairman Name: _____ 20 Rolling Lane □Vice Chairman Address: [□ Vice Chairman Address: _____ Dover, MA 02030 □Director □ Director ■ President □ President □Vice President _____ ☐ Vice President □ Secretary □ Secretary □Treasurer □ Treasurer Other _____ ☐ Other _____ □Other _____ □Other ____ □ Chairman Name: □ Chairman Name: _____ □Vice Chairman Address: Address: □ Vice Chairman □ Director □ Director □President □ President ☐ Vice President _____ □Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other _____ ☐Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. /s/ Douglas G. Sages 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. Douglas G. Sages, CFO/Secretary

١.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ADVANCED CELL ENGINEERING, 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 JUNE, A.D.

2022.

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 ENGINEERING, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2021.

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

Authentication: 203605951

Date: 06-06-22

6274742 8300 SR# 20222633535