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Requestor's Name		
660 East Jefferson St	treet	
Address		50000160493
Tallahassee, Florida	32301	-10/10/9501042018
Chy State Zip	= · · -	*****70.00 *****70.
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) Certified Copy	() Photo Copies	() Fictitious Name () CUS/ G/S
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CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Civigenic	s, Inc.		
	abbreviations of parts	oration: must include the word "INCORPOR f like import in language as will clearly indic tership if not so contained in the name at pres	ATED", "COMPANY", "CORPORATION" of a telephone to that it is a corporation instead of a natural cent.)	r words or
2	Massachus	etts	3. 04-3266429	
- (S		under the law of which it is incorporated)	(FEI number, if applicable	c)
4.	March 15,	1995	5 Paynatural	
	(Date	1995 of Incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or	"perpetual")
6.	The corpo	ration has not yet transacted	business in the state of Flor	1da.
	(Date first t	ransacted business in Florida. (SEE SECTIONS	607.1501, 607.1502, AND 817.155, F.S.)	
7.	311 Main	Street		
	Worcestor	MA 01608-1552		95 1710
	The state of the s			<u> </u>
		(Current mailin	g address)	- 25 - 25
0	TO 07-			OF CO
8. a	Purpose(s) of a	e in any lawfur act or ac	tivity permitted.	<u></u>
F	londa)	rporation authorized in home state or country	/ to be carried out in the state of	22. S.Y.
9. 1	Name and stacceptable)	reet address of Florida registered	agent: (P.O. Box or Mail Drop Box	- co ==-
	Name:	CT Corporation System		
Offi	ce Address:	1200 South Pine Island Road	,,,,,	
	_	Plantation	, Florida , 33324 (Zip Code)	
10.	Registered .	agent's acceptance:	(Zip Code)	
regilalls and	stered agent tatutes relati accept the of By: Attached is a delivery of th	and agree to act in this capacity. I just to the proper and complete performs of my position as registered agent. Corporation System Charles W. (Registered agent) Certificate of existence duly authent is application to the Department of S	of service of process for the above stand, I hereby accept the appointment as further agree to comply with the provent and I am familied agent. Sound Osst. Seed is signature) icated, not more than 90 days prior to tate, by the Secretary of State or other jurisdiction under the law of which it	s isions of ar with

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman. N/A Address: Vice Charman: Robert P. Galea Director 106 E. Main Street Address: Westboro, MA 01581 Roy I. Ross Director: 82 East Killingly Road Address: Foster, RI Director: __Joseph B, Gill Address: 22 High Street, Southboro, MA B. OFFICERS (Street address only- P. O. Box NOT acceptable) Roy I. Ross President: Address: 82 East Killingly Road Foster, RI Vice President: N/A Address: _ Clerk ~ Secretary: Michael P. Angelini Address: 279 Crawford Street. Northboro, MA Joseph B. Gill Treasurer: Address: __ 22 High Street Southboro, MA NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Roy I. Ross, President

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



The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02188

October 2, 1995

To Whom It May Concern:

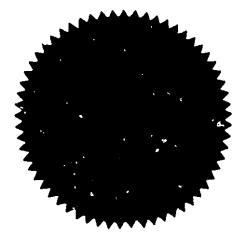
I hereby certify that,

Civigenics, Inc.

appears by records of this office to have been incorporated under the General Laws of this Commonwealth on March 15, 1995.

I also certify that so far as appears of record here, said corporation still has legal see.

95 OCT 10 PH12: 50



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Travin Galein

Secretary of the Commonwealth