TEBO/0/2 Qualification/Tax Lien Section TO:

800002423828--1: -02/24/98--01005--021 ***1150.00 ***1150.00 LIFEBLOOD CRYOGENICS, 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", and check are submitted to register the above referenced foreign corporation to transact business in Florida. 568 Please return all correspondence concerning this matter to the following: Michael A. Littman (Name of Person) Attorney at Law (Firm/Company) 10200 W. 44th Ave., #400 (Address) Wheat Ridge, CO 80033 (City/State/Zip) *****78.75 Should you need to call someone concerning this matter, please call: Michael A. Littman (Area Code & Daytime Telephone Number) (Name of Person) A 2/23

COURIER ADDRESS:

Division of Corporations

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Oualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 6, 1998

MICHAEL A. LITTMAN, ESQ. 10200 W. 44TH AVE., #400 WHEAT RIDGE, CO 80033

SUBJECT: LIFEBLOOD CRYOGENICS, INC.

Ref. Number: W98000002792

We have received your document for LIFEBLOOD CRYOGENICS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1150.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6093.

Freta Lott Corporate Specialist Supervisor

Letter Number: 598A00007086

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. Name of corporat	OOD CRYOGENICS, INC.			
abbreviations of lik person or partners	tion: must include the word "INCO ke import in language as will clearly ship if not so contained in the name	RPORATED", "C y indicate that it is at present.)	OMPANY","CORF a corporation instea	ORATION" or words or ad of a natural
2Color:	ado		84-1258159	
(State or country und	ado ler the law of which it is incorporat	ed) 3	(FEI numb	er, if applicable)
4. March	19, 1993 Incorporation)	<u> </u>	Perpetual	and to aviet on the amount with
-			-	
6. (Date first tran	,1997 sacted business in Florida. (SEE SEC	CTIONS 607.1501,	607.1502, AND 817	.155, F.S.)
7. 101 Sout	hhall Lane, #400	-	<u>,</u>	
Maitland	, FL 32751			No.
	(Current	mailing address)	,	981 LA
8To manag	ge and capitalize cryog	enic blood 1	.abs.	ASS.
(Purpose(s) of corpo Florida)	oration authorized in home state or	country to be carr	ied out in the state o	f H
9. Name and stre acceptable)	et address of Florida regist	tered agent: (P.O. Box or Ma	
Name:	Jeffrey Mann			
Office Address:	101 Southhall Lane,	#400		
			00	751
	Maitland	. Flo	orida. 32	
10. Registered ag	Maitland ent's acceptance:	, Flo	orida , 32 (Zip Code)	

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

Chairman:	Jeffrey Mann	
Address:	101 Southhall Lane, #400, Maitland, FL 32751	ş
Vice Chairma	n:	
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICE	RS (Street address only- P. O. Box NOT acceptable)	
	Jeffrey Mann	
Address:	101 Southhall Lane, #400, Maitland, FL 32751	
Vice Presiden	it:	
Address:		The state of the s
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If ne officers and/o	ecessary, you may attach an addendum to the application listing additional or directors.	
13(Sign	nature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	*
	effrey Mann, President (Typed or printed name and capacity of person signing application)	-



STATE OF COLORADO

DEPARTMENT OF STATE

CERTIFICATE

I, VICTORIA BUCKLEY, SECRETARY OF STATE OF THE STATE OF

COLORADO HEREBY CERTIFY THAT

ACCORDING TO THE RECORDS OF THIS OFFICE

LIFEBLOOD CRYOGENICS, INC. (COLORADO CORPORATION)

98 FEB 23 PM 1: 16

FILE # 19931029881 WAS FILED IN THIS OFFICE ON March 19, 1993 AND HAS COMPLIED WITH THE APPLICABLE PROVISIONS OF THE LAWS OF THE STATE OF COLORADO AND ON THIS DATE IS IN GOOD STANDING AND AUTHORIZED AND COMPETENT TO TRANSACT BUSINESS OR TO CONDUCT ITS AFFAIRS WITHIN THIS STATE.

Dated: January 29, 1998

SECRETARY OF STATE