# To: Qualification/Tax Lien Section (Control of the Control of the

Divisi	ion of Corp	orations	<b>'.</b>
SUBJECT: _	ProCyte	Corporation	
		(Name of corporation - must include suffix)	
Dear Sir or M	ladam:		
"Certificate of transact busin	f Existence' less in Florid		ida", ation to
Please return	all correspon	ndence concerning this matter to the following:	
		John F. Clifford	. •
		(Name of Person)	
		ProCyte Corporation - HUMATECH DIVISION	
		(Firm/Company)	*
		8511 154th Avenue NE, Building A $\omega q$	8-9306
		(Address)	
		Redmond, WA 98052	
		(City/State/Zip) 90002500: -04/24/980 ****131.25	3394 1120003 ****131.25
Should you no	eed to call so	omeone concerning this matter, please call:	
	MacLeod	at ( 425 ) 869-1239 ext 357	
(Nan	ne of Person	(Area Code & Daytime Telephone Number)	

# **COURIER ADDRESS:**

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

# MAILING ADDRESS:

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





# FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 27, 1998

JOHN F. CLIFFORD PROCYTE CORPORATION - HUMATECH DIVISION 8511 154TH AVENUE NE BUILDING A REDMOND, WA 98052

SUBJECT: PROCYTE CORPORATION

Ref. Number: W98000009306

We have received your document for PROCYTE CORPORATION and your check(s) totaling \$131.25. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 698A00022605

# RESOLUTION OF BOARD OF DIRECTORS (Please print or type)

I, the undersigned John F. Clistord (Name)	_, do hereby certify
that this Resolution of the Board of Directors of Proyte Corp	•
(Corporate Name)	<del> </del>
a corporation duly organized and existing under the laws of the State of $\underline{\mathcal{W}a}$	shington.
May 5	. 19 98 . ,
Be it resolved, that (Corporate Name)	, <del>, , , , , , , , , , , , , , , , , , </del>
organized and existing in the State of Washington, here	by adopts the name
ProCyte Corporation of Washington	for use in Florida.
	•
Dated: May 5, 1998	1
Jet Clif	
Signature of either Chairman, Vice Chairpan of any officer	
John F. Clifford Type or print name	The state of the s

# 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.	ProCyte C	Corporation							
	words or abbre	oration; must include the viations of like import in or partnership if not so c	a language as will	clearly indica	ate that i				
2.	Washingto	on, USA		<u>3</u>	91	-1307460			
	(State or country	y under the law of which	it is incorporated	)		(FEI number, i	f applicable)		
4.	October 9	, 1985	5		Per	petual			
••	(Da	te of incorporation)	<del></del>	(Durātion:	Year co	rp. will cease to	exist or "perper		
6.	April 27,	1998					ALL ALL	98	
٠.		t transacted business in l	Florida.) (SEE SE	CTIONS 607	.1501, 60	07.1502 and 817	.155, F.S. <u></u>	A	
7.	P.O. Box	808, 85T1-154th	Avenue NE, B	uilding A			ASS.	_	
	Redmond,	WA 98073-0808		-			E S	A	
			(Current mailing				STATE ORIDA	0: 19	U
8.		rer and Sale of			<del></del>				
	(Purpose	(s) of corporation author	rized in home state	or country to	o be carr	ied out in state o	of Florida)		
9.	Name and str	eet address of Florid	a registered age	nt: (P.O. B	ox or M	lail Drop Box <u>I</u>	NOT acceptable	e)	
	Name:	Manley Thaler			-				
Οf	fice Address:	1300 N Federal	Highway						
		Boca Raton		, r	Florida,	33432			
						(Zip code)			
10	. Registered a	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.

ed agent's signature)

11. 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.

hairman:	Mr. Thamas Tierney
ddress:	149 Colonade Circle Drive
	Naples, FL 33940
ice Chairn	nan: N/A
_	
irector: _	Dr. Jules Blake
ddress:	867 Sunset Ridge
	Bridge Water, NJ 08807
irector:	Mr. John F. Clifford
ddress:	8511 154th Avenue NE, Building A
	Redmond, WA 98052
. OFFIC	ERS (Street address only - P.O. Box NOT acceptable)
esident: _	Mr. John F. Clifford
ddress:	8511 154th Avenue NE, Building A
	Redmond, WA 98052
ice Preside	ent: Ms. Robin Carmichael
	8511 154th Avenue NE, Building A
uui 000	Redmond, WA 98052
 	in the second se
_	
ddress:	
_	NI / A
•	N/A
ddress: _	
_	
OTE: If	necessary, you may attach)an addendum to the application listing additional officers and/or directors.
3	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
	A line nature of Charleman, 1100 Charleman, of any ordered indices in manifest 12 of the appropriety

# Confidential - Not for Distribution

	ProCyte Corporation Additional Officers
Mr. Ken Green	
Vice President of Sales	
8511 154th Avenue NE	
Building A	
Redmond, WA 98052	

	Additional Board of Directors			19.50
Mr. Robert Patterson, Director	A distribution is			
Graham & James				
600 Hansen Way				
Palo Alto, CA 94304-1043				
•				
Mr. William Sullivan, Director		TAI	98 MAY	
		<u> </u>	==	
3308 Landor Road			=	
Raleigh, NC 27609		22		committee
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		97		
		TE TE	9	

# STATE of WASHINGTON



# SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian a

hereby issue this

# CERTIFICATE OF EXISTENCE/AUTHORIZATION

**OF** 

## PROCYTE CORPORATION

I FURTHER CERTIFY that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on October 9, 1985.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.



> Date: April 16, 1998

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

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