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To: Quali	fication/Tax Lien Sec	tion			
Divisi	ion of Corporations				*
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SUBJECT: _	MEK	CORPORA	TION	<u> </u>	
			tion - must include suff	Gul	<u> </u>
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Dear Sir or Ma	adam:				-
The enclosed '	"Application by Forei	on Cornoration f	or Authorization to T	nsact Business in Florid	
"Certificate of	Existence" and chec	k are submitted t	or Authorization to Trai	nsact Business in Florid erenced foreign corpora	a",
to transact bus	siness in Florida.	k ato subilition (o register the above rere	erenced foreign corpora	tion
	and a rollaw.			ak.	
Please return a	all correspondence con	cerning this mat	tar to the following.		9
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	SAM	I. Rell	SED		5
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Should you nee	ed to call someone cor	cerning this matt	er, please call:	-09/20/990109	16nnc
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	r Rei Oer	at (_ 8/3) 223 - 75 Code & Daytime Teler	709]
(Name	of Person)	(Area	Code & Daytime Teler	phone Number)	1/1//-
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STREET ADD	RESS:		MAILING ADDRE	SS.	
Qualification/Ta	ax Lien Section		Qualification/Tax Li	en Section	
Division of Cor			Division of Corporat	ions /	
109 E. Gaines S			P.O. Box 6327	41	,
Tallahassee, FL	32399		Tallahassee, FL 323	14	
Enclosed is a ch	eck for the following	amount:			
A					
1/\$70.00 Filing	Fee 🗍 \$78.75 F	iling Fee &	\$78.75 Filing Fee &	S87.50 Filing Fee	
A contract of		ate of Status	Certified Copy	Certificate of St	
				Certified Copy	atus &
				Condition Copy	

99-646



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 28, 1999

SAM I. REIBER LINSKY & REIBER 601 E TWIGGS ST TAMPA, FL 33602

SUBJECT: UTEK CORPORATION Ref. Number: W99000022404

We have received your document for UTEK CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate ablock. If applied for, enter "applied for", or if not applicable, enter "N/A".

A brief description of the entity's nature of business must be included in the document.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6043.

Shawn Logan Document Specialist

Letter Number: 299A00047389

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. UTE-K CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	18 1 TO 18 1 T
2. Delaware (State or country under the law of which it is incorporated) 3. Affication 59-360 (FEI number, if applicable)	367
4. July 13, 1999 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	- th airt - th air t
6. Deptember 157 1999 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. 202 South Wheeler STreet	
- Plant Cely, Fel 33566	art. ∰. ⊇traza r
(Current mailing address)	
10 House, coursel and linear managerial osciola	ure
(Purpose(s) of corporation authorized in home state on country to be	
Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) to the	inses
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	insec
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: SAM I. PEIBER	nees
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Sam I. Re 18 er Office Address: 601 E. Twigg S7. Tampa, H. , Florida, 33602.	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Sam I. Reiber Office Address: 601 E. Twigg S7.	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Sam I. Re 18 ER Office Address: 60 E. Twigg ST. Tampa, H., Florida, 33602. (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place design this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to co with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and	nated in
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Sam I. Re 18 ER Office Address: Col E. Twigg ST. Tampa, Fl., Florida, 33602 (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place design this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to co with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent.	nated in
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Sam I. Re 18 ER Office Address: 60 E. Twigg ST. Tampa, H., Florida, 33602. (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place design this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to co with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and	nated in

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.

^{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: CLIFFURD M. GROSS, Ph.D.	
Address: 202 S. Willer Street	The first has the second of th
Plant City, Id. 33566	
DIRECTOR KWABENA Cyimah-Brempons Ph.D	1 = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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1 march march	
Janpa, Il 33647	A Land of the land
Director: HRTHUR Chapit	
Address: 500 East 77 th Street, # 1826	
Jew York, N. Y. 10162	
Director: CWI 1013567, C. L. III.	
Address: Swedon House, RUEdu Lugembourg	3
_ D-1000 BAUMIS	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
CED CLIPPORD M. GRUSS, PH. D.	
Address: 202 J. Wheeler Street	
Plant City, Feb. 33566	9
President: UWE Reisch!, PH. D.	2 7
Address: QQL) When let . Sthoot	23 I
# / /a / / / / / / / / / / / / / / / / /	20
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10,61	
Address: 60/ & Juiggs Street # 300	The second secon
Jampa, Il 33602	A STATE OF THE PARTY OF THE PAR
Treasurer: CAROLE R. MASON	
Address: 601 & JWIGGS STREET # 300	
Jampu, Il 33602	TALL STREET
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	Secretary and the secretary of the secre
13 COLOR & MARCH 1	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	the state of the s
14. Carole R. Mason, secretary/treasur	rer
(Typed or printed name and capacity of person signing application)	<u> </u>

ADDITIONAL DIRECTORS:

Sam Reiber, Esquire, 601 E. Twiggs Street, Suite 200, Tampa, Florida 33602

Stuart Brooks, M. D., 13201 Bruce B. Downs Blvd., Tampa, Florida 33612

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State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UTEK CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS EXISTENCE SO FAR AS THE IFTH DAY OF OCTOBER, FIAD CHASE TAXES HAVE N 93-1847-1901



Edward J. Freel, Secretary of State

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AUTHENTICATION:

0042422

DATE:

10-25-99

COKP SERVICES CO

OCT. 25. 1999 11:53AM