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EXAMINER





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	ACCOUNT NO.	: 0721000000)32	
	REFERENCE		4329479	TALL OB J
	AUTHORIZATION	Smell de	ran	强气
	COST LIMIT	: \$ 125.00		SSE E
ORDER DATE :	January 17, 2008			6. C.
ORDER TIME :	3:39 PM			Dr.
ORDER NO. :	406857-010			
CUSTOMER NO:	4329479			
	FOREIGN F	ILINGS		
NAME:	QUONOVA, LLC			
XXXX QUALIFIC	CATION (TYPE: <u>L</u>	다)		
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILE	ING:	
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EXAMINER:

CONTACT PERSON: Joyce Markley -- EXT# 2930

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

QuoNova, LLC	
(Name of Foreign Limited Li	ability Company)
Delaware 3.	20-8514159
furisdiction under the law of which foreign limited liability ompany is organized)	(FEI number, if applicable)
12/28/06 5.	Perpetual ESE 08
(Date of Organization)	(Duration: Year limited liability company will cease exist or "perpetual")
Date of Registration	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)
1901 Harbor City Boulevard, Suite 300	ida, if prior to registration.) o determine penalty liability)
Melbourne, Florida 32901	RIC
(Street Address of	f Principal Office)
XL Techgroup, Inc., 1901 S. Harbor City Blvd., 3rd Floor, M. 4SC AG, Am Klopferspitz 19a, 82152 Martinsreid, Germany	
Attached is an original certificate of existence, no more than 90 da iurisdiction under the law of which it is organized. (A photocopy is slation of the certificate under oath of the translator must be submi	is not acceptable. If the certificate is in a foreign language, a
Nature of business or purposes to be conducted or p	promoted in Florida: oversee commercialization and
development of applications with respect to technology known	as quorum sensing blockers.
	<u></u>
Signature of a member or an auth (In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjury	corized representative of a member. ., the execution of this document constitutes y that the facts stated herein are true.)
MARK R. MUT	
Typed or printed r	name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

2. The name	and the Florida street ad	dress of the registered agent and office at	·e:
	Mark R. Mohler		
	***************************************	(Name)	
	1901 Harbor City Boules	vard, Suite 300	
	Florida Stre	cet Address (P.O. Box NOT ACCEPTABLE)	
	Melbourne	FL 32901	
		City/State/Zip	

(Signature)

Mark R. Mohler

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUONOVA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUONOVA, LLC"
WAS FORMED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2006.

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

4276057 8300

080040320

Harriet Smith Windsor, Secretary of State **AUTHENTICATION:** 6308382

DATE: 01-14-08

Variet Smile Hindson

You may verify this certificate online at corp.delaware.gov/authver.shtml