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STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY CERTIFICATE OF AUTHORITY

GENEWIZ, LLC 0600410227

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Foreign Limited Liability Company organized under the laws of Delaware, has complied with all the requirements of Title 42:2C of the New Jersey Statutes, and that the business or activity of said Foreign Limited Liability Company to be carried on within the State of New Jersey is such as may be lawfully carried on by Foreign Limited Liability Company filed under the laws of this State for similar business or activity. The Certificate of Authority was duly filed May 7th, 2014.



Certificate Number: 132170190

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this at Trenton, this 8th day of May, 2014

Andrew P Sidamon-Eristoff
State Treasurer

-3 PH 2:58

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GENEWIZ, LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
SAMINA ALTAF Name of Person
Name of Person
GENEWIZ, LLC Firm/Company
Firm/Company
115 CORPORATE BLUD Address
Address
SOUTH PLAINFIELD WJ 07080
City/State and Zip Code
Samina al taf @ generoiz . com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SAMINA ACTAC at 908 222 - 0533 Name of Contact Person Area Code Daytime Telephone Number
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array} c c c c c c c c c c c c c c c c c c c

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

	GENEWIZ, LLC
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
arr	ne unavailable, enter alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limi
ibili	ty Company," "L.L.C," or "LLC.")
	NEW JERSEY 3. 30-0832316 (FEI number, if applicable)
Juri con	sdiction under the law of which foreign limited liability (FEI number, if applicable) upany is organized)
	N/A
	(Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
	115 CORPORATE BLUD
_	
	SOUTH PLAINFIELD NJ 07080
	115 CORPORATE BLUD
	SOUTH PLAINFIELD NJ 07080 (Mailing Address)
	(Manual Address)
	he name, title or capacity and address of the person(s) who has/have authority to manage is/are:
21	tong-PING SUN - OWNER/CEO - 12 KAPPELMAN DRIVE WATCHU
	0- JUAN LIAO - OWNER/President - 46 Dale Drive Edison NJ
	3- JOHN ZITTO CONTACT TO COLOR CONTACT

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
GENEWIZ, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
HANSEL BRADY MILLICAN	
(Name)	
7399 HUNTERS GIREENE CIRCLE	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
LAKELAND, FL 33816	งน์ เ
City/State/Zip (N) = (I)	3
Having been named as registered agent and to accept service of process for the above stated limit liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes. (Signature)	of ali

\$ 100.00 Filing Fee for Application\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)