

MI4000005799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

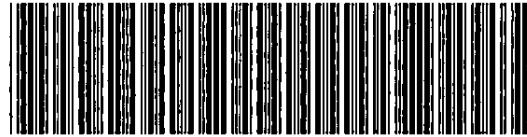
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 14 2014

T. BROWN

~~1111-116723~~

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Morpho Detection, 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:

**Pamela D. Paige**

Name of Person

**Morpho Detection, LLC**

Firm/Company

**7151 Gateway Boulevard**

Address

**Newark, CA 94560**

City/State and Zip Code

**ppaige@morphodetection.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Pamela D. Paige**

Name of Contact Person

at ( **510** ) **739-2592**

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy



August 8, 2014

Florida Secretary of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**SUBJECT: MORPHO DETECTION, LLC**  
**Ref Number: W14000046723**

To Whom It May Concern:

Enclosed please find the document that is being returned back to the Florida Department of State with the titles inserted of the person(s) authorized to manage this limited liability company.

Thank you for your assistance. If you need any additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Pam Paige'.

Pamela D. Paige  
Paralegal III  
Morpho Detection, LLC  
(510) 739-2592  
[ppaige@morphodetection.com](mailto:ppaige@morphodetection.com)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2014

PAMELA D. PAIGE  
MORPHO DETECTION, LLC  
7151 GATEWAY BLVD  
NEWARK, CA 94560

SUBJECT: MORPHO DETECTION, LLC  
Ref. Number: W14000046723

We have received your document for MORPHO DETECTION, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6051.

Teresa Brown  
Regulatory Specialist II

Letter Number: 214A00016355

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Morpho Detection, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 94-3123544

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7151 Gateway Boulevard, Newark CA 94560

(Street Address of Principal Office)

6. \_\_\_\_\_

7151 Gateway Boulevard, Newark CA 94560

(Mailing Address)

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14 AUG 13 PM 1:45  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Karen Bomba      7151 Gateway Blvd, Newark CA 94560      MGR

Gregory Eyink      7151 Gateway Blvd, Newark CA 94660      MGR

Allyn McGinley      7151 Gateway Blvd, Newark CA 94560      MGR

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Allyn McGinley

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Allyn McGinley

Typed or printed name of signee

**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:

**Morpho Detection, LLC**

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If unavailable, the alternate to be used in the state of Florida is:

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2. The name and the Florida street address of the registered agent and office are:

**Corporation Service Company**

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(Name)

**1201 Hays Street**

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Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Tallahassee**


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**FL 32301**

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City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*

  
\_\_\_\_\_  
(Signature)

Elizabeth A. Dawson, *AVP*

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

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MORPHO DETECTION, 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 TWENTY-FIFTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MORPHO DETECTION, LLC" WAS FORMED ON THE SEVENTH DAY OF SEPTEMBER, A.D. 1990.

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

2240598 8300

140517305

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1319674

DATE: 04-25-14