P15000003222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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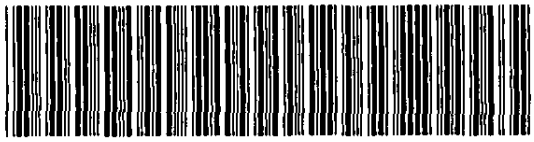

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TALLAHASSEE, FLORIDA

JAN 14 2015

S. GILBERT

ACCOUNT NO. : I20000000195

REFERENCE : 458211 7994052

AUTHORIZATION :

COST LIMIT : $78.75

ORDER DATE : January 13, 2015

ORDER TIME : 11:39 AM

ORDER NO. : 458211-005

CUSTOMER NO: 7994052

DOMESTIC FILING

NAME: CLARITAS GENOMICS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Claritas Genomics, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee	☒ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Claritas Genomics, Inc.
Name (Printed or typed)

99 Erie Street
Address

Cambridge, MA 02139
City, State & Zip

617-909-6853
Daytime Telephone number

eric.skaza@claritasgenomics.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
15 JAN 13 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: Claritas Genomics, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

99 Erie Street
Cambridge, MA 02139

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To provide diagnostic test services

ARTICLE IV SHARES
The number of shares of stock is: 28,746,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patrice Milos, President and CEO
Address: 99 Erie Street, Cambridge, MA 02139

Name and Title: Nurjana Bachman, CBO
Address: 99 Erie Street, Cambridge, MA 02139

Name and Title: Mary Ellen Cortizas, COO
Address: 99 Erie Street, Cambridge, MA 02139

Name and Title:
Address:

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Mary Ellen Cortizas

Address: 99 Erie Street

Cambridge, Ma 02139

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Corporation Service Company

By: _____ Courtney Williams Asst. Vice President 01.13.15

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

_____ 1/6/2015

Required Signature/Incorporator Date