

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Biowest USA Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2018 MAY -1 PM 2:07

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

2018 MAY -1 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAME
The name of the corporation shall be: Biowest USA Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

422 NW Business Park Lane

RIVERSIDE, Missouri, 64150

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the processing and production of animal serum products;

to engage in any lawful business; and, general, to have and to exercise any and all powers that corporations have and

may have under the laws of the State of Florida, and as the same may be amended, for any lawful purpose.

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wendell Leinweber Director

Address: 422 NW Business Park Lane
RIVERSIDE, Missouri, 64150, US

Name and Title: Ole Nielsen Director

Address: 422 NW Business Park Lane
RIVERSIDE, Missouri, 64150, US

Name and Title: Stefan Michelsen Director

Address: 422 NW Business Park Lane
RIVERSIDE, Missouri, 64150, US

Name and Title: Wendell Leinweber Secretary

Address: 422 NW Business Park Lane
RIVERSIDE, Missouri, 64150, US

Name and Title: Wendell Leinweber President

Address: 422 NW Business Park Lane
RIVERSIDE, Missouri, 64150, US

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

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Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

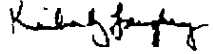
Name: Robin S. Martinez
Address: 1150 Grand Blvd., Suite 240
Kansas City, MO 64106

ARTICLE VIII EFFECTIVE DATE:

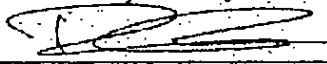
Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

By: C.T. Corporation System		04/30/2018
	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.

	04/30/2018
Required Signature/Incorporator	Date
Robin S. Martinez	