F11000002237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Sievers MAY 27 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CytoGenX corp
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TERESA DUNN
Name of Person

CYTOGENX CORP
Firm/Company

1212 RTE 25A
Address

STONY BROOK, NY 11790
City/State and Zip code

GENETICS@CYTOGENX.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

TERESA DUNN at (631) 751-0212
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. CytoGenX Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York
(State or country under the law of which it is incorporated)

3. 11-3576061
(FEI number, if applicable)

4. 10/26/2000
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. 1212 rte 25A, Stony Brook, NY 11790
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1212 rte 25A, Stony Brook, NY 11790
(Principal office address)

CytoGenX corp
(Current mailing address)

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8. Clinical Laboratory
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Northwest Registered Agent LLC

Office Address: 3111 W. Dr. MLK Blvd., STE 100-B180

Tampa (City), Florida 33607 (Zip code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dan Keen-Manager
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: JOSEPH A GEBBIA

Address: 475 CONDOR CT

LAUREL NY 11849

Vice Chairman: _____

Address: _____

_____

Director: TERESA DUNN

Address: 475 CONOR CT

LAUREL NY 11948

Director: _____

Address: _____

_____

B. OFFICERS

President: TERESA DUNN

Address: 475 CONDOR CT LAUREL NY 11948

_____

Vice President: _____

Address: _____

_____

Secretary: JOSEPH A GEBBIA

Address: 475 CONDOR CT LAUREL, NY 11948

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Teresa Dunn
(Signature of Director or Officer listed in number 12 of the application)

14. Teresa Dunn
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CYTOGENX, CORPORATION was filed on 10/26/2000, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

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TALLAHASSEE, FLORIDA

***

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of May two thousand and eleven.

First Deputy Secretary of State

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