B01000001017

CT CORPORATION SYSTEM

CORPORATION(S) NAME

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01 MAR 30 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AstraZeneca LP

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***1785.00 ***1785.00

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal ( ) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

Name Availability _____
Document
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

3/30/01

Order#: 3957919

Ref#: _____

Amount: $ _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

3/30

Florida Department of State, Sandra B. Mortham, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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TALLAHASSEE FLORIDA

1. AstraZeneca LP
(Name of limited partnership as it is in the home state)

2. ~~AstraZeneca Limited Partnership~~
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware (State of Formation) 4. October 21, 1997 (Date of Formation)

5. C T Corporation System
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation (City), Florida 33324 (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:
C T Corporation System
Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY
(Agent must sign on this line)

8. 1800 Concord Pike, Wilmington, DE 19850
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS — STREET ADDRESS

AstraZeneca Pharmaceuticals LP — 1800 Concord Pike, Wilmington, DE 19850

B0000000085

10. 1800 Concord Pike, Wilmington, DE 19850
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. 1800 Concord Pike

Wilmington, DE 19850

(Mailing Address of Limited Partnership)

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TALLAHASSEE, FLORIDA

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 13th day of June, ~~19~~ 2000.

General Partner

Ann V. Booth-Barbarin, Asst. Secretary

STATE OF DELAWARE

COUNTY OF NEW CASTLE

On this 13th day of June, ~~19~~ 2000,

Ann V. Booth-Barbarin personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of

(Notary Public Signature)

Carolyn H. Micolucci

(Notary's Printed Name)

CAROLYN H. MICOLUCCI
NOTARY PUBLIC
STATE OF DELAWARE
My Commission Expires March 10, 2002

Seal My Commission Expires:

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Ann V. Booth-Barbarin,
a general partner of AstraZeneca LP, a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

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TALLAHASSEE, FLORIDA

1. The amount of capital contributions of the limited partners is $ 3,400,000,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 136,707,093

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 13th day of June, ~~19~~ 2000.

General Partner

STATE OF DELAWARE

COUNTY OF NEW CASTLE

On this 13th day of June, ~~19~~ 2000,

Ann V. Booth-Barbarin, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

(Notary Public Signature)

Carolyn H. Micolucci
(Notary's Printed Name)

Seal

My Commission Expires:

CAROLYN H. MICOLUCCI
NOTARY PUBLIC
STATE OF DELAWARE
My Commission Expires March 10, 2002