# 00000174 Page 3 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H12000073300 3)))



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To:

Division of Corporations

Fax Number

: (850)617~6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone

: (850)878-5368 Fax Number

of SUNTAISSION \*\*Enter the email address for this business entity to be used annual report mailings. Enter only one email address

Ema	<b>i</b> 1	Address	:
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## FOREIGN PROFIT/NONPROFIT CORPORATION 🥣 Affymax.Inc.

Certificate of Status	1			
Certified Copy	1			
Page Count	067			
Estimated Charge	\$87.50			

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

TO: New Filing Sec Division of Cor			
SUBJECT: Affymax.	Inc.		
	Name of corpora	tion - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence		for Authorization to Transact Standing" and check are subm siness in Florida.	
Please return all corresp	ondence concerning this me	after to the following:	
Josh Seidenfeld			
	Name	of Person	
Affymak, luc.		·	
	Finn/	Company	
3175 Hanover Street			
	A	ddress	
Palo Alto, CA 94304	_ ·	·	
	City/Sta	te und:Zip code	
jseidenfeld@cooley.cpin.			
	E-mail address: (to be up	ed for future annual reporting	offication)
For further information	concerning this matter, plea	se call:	
Josh Seidaufeld	at (650	√843-5506	
Name of Person		rea Code & Daytine Telepho	ne Number
	•	•	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301		MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosedis a check for	he following amount:		
\$70.90 Piling Fee	578.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Capy	\$87.50 Filing Ree, Certificate of Status & Certified Copy

LM14 - 03-411. 2016 C. T. Ks Nicon (1) block

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2012

C T CORPORATION SYSTEM

SUBJECT: AFFYMAX, INC. REF: W12000016094

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please calī (850) 245-6052.

Tim Burch Regulatory Specialist II FAX Aud. #: H12000073300 Letter Number: 112A00009853

Please of submission 3120 daily of submission

P.O BOX 6327 - Tallahassee, Florida 32314

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1 Λffymηx, Inc.				第 <b>元</b>
(Enter name of	orporation; must include "INCORPOR? orp." "Inc," "Co," or "Corp."}	ATED	" "COMPANY." "CORPORATION,"	MAR 20 PH
(If name unavail	able in Florida, enter alternate corporate	name	adopted for the purpose of transacting business in Flo	
Delevare .		3	77-0579396	မ္ဘု မ
(State of country	under the law of which it is incorporate	d)	(FEI number, if applicable)	(ii) <u>(iii)</u>
7/20/2001		<b>S</b> .	Perpetual	•
	of incorporation)		(Duration: Year corp. will cease to exist or "perpetu	al")
. has	not begun	•		
			n Florida, if prior to registration) 502, F.S., to determine pensity liability)	
4001 Miranda A	renue, Palo Alto, CA 94304			
·	(Principa) offi	ce add	ress)	
4001 Miranda Av	enue, Palo Alto, CA-94304			
	(Current maili	ng add	ross)	
. The development	t of novel drugs to improve the treatmen	it of sc	erious and life threatening conditions,	
(Purpose(s	of corporation authorized in home stat	e or ci	puntry to be carried out in state of Florida)	
(Ригроме(я	of corporation authorized in home stated to detect the component of the corporation authorized in home stated agent	e ar ci	puntry to be carried out in state of Florida)	
(Ригроме(я	of corporation authorized in home stat	e ar ci	puntry to be carried out in state of Florida)	
(Purpose(s . Name and <u>stree</u> . Name:	of corporation authorized in home stat teddress of Florida registered agent CT Corporation System	e ar ci	puntry to be carried out in state of Florida)	
(Purpose(s	of corporation authorized in home stat t address of Florida registered agent CT Corporation System 1200 South Pine Island Road	e of ci	puntry to be carried out in state of Florida)  2. Box NOT acceptable)	
(Purpose(s . Name and <u>street</u> Name:	of corporation authorized in home stat t address of Florida registered agent CT Corporation System 1200 South Pine Island Road	e of ci	puntry to be carried out in state of Florida)  2. Box NOT acceptable)	
(Purpose(s . Name and <u>street</u> Name:	of corporation authorized in home stat t address of Florida registered agent CT Corporation System 1200 South Pine Island Road	e of ci	puntry to be carried out in state of Florida)	

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.

PLOIS AS OF MALE C.T. System Owline

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Sec Attached Addendum Address: Vice Chairman: \_\_\_\_ Address: \_\_\_ Director: B. OFFICERS President: See Attached Addendum Address: Vice President: Address: \_ Address: \_ Treasurer: Address: \_\_ NOTE: If necessary jointney attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. (FO Herb Cross, CFO Herb (Typed or printed name and capacity of person signing application)

FLORS (9) Bt 2011 C Y System Online

#### ADDENDUM

#### Question 12A

Each Director listed below shall use the following business address:

4001 Miranda Avenue, Palo Alto, CA 94304

- í, Hollings C. Renton,
- li. John P. Walker
- Ted W. Love, M.D. iii.
- iv. John A. Orwin
- Daniel K. Spiegelman Ÿ.
- ٧Ļ Kathleen LaPorte
- vii. Keith R. Leonard, Jr.
- viii. Christine van Heek



#### Question 12B

Each Officer listed below shall use the following business address:

4001 Miranda: Avenue, Palo Alto, CA 94304

- i. John A. Orwin - Chief Executive Officer
- ij. Horb Cross - Chief Financial Officer
- iji. Anne-Marie Duliege - Chief Medical Officer
- Jeffrey H. Knapp Chief Commercial Officer iv.
- ٧. Kay Slocum - Senior Vice President, Human Resources
- vi. Robert F. Venteicher - Senior Vice President, Technical Operations vii.
- Christine Conroy Vice President, Regulatory Affairs and Clinical Quality Assurance viii. Tracy J. Dunn - Vice President, Intellectual Property and Legal Affairs
- ix. Carel A. Francisco - Vice President, Biostatistics and Data Management
- X, Grace U. Shin - General Counsel, Corporate Secretary
- xì. Sylvia Wheeler - Vice President, Corporate Communications
- xii. Andrew Blair - Vice President, Medical Affairs
- xiii. Krishna Polu - Vice President, Clinical Development
- xiv. Cynthia Smith - Vice President, Market Access & Commercial Development

[Application By Foreign Corporation For Authorization To Transact Buniness in Florida]

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AFFYMAX, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF MARCE, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS RAVE BEEN FILED TO DATE.

AND I DO HEREBY FORTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

12 MAR 20 PH 3: 38

3414729 8300

120332145

You may verify this cartificate online at corp. delaware, gov/authver. shtml

AUTHENTICATION: 9443991

DATE: 03-20-12