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### FLORIDA/FOREIGN LIMITED LIABILITY CO.

ViaCord, LLC

Certificate of Status Certified Copy 03 Page Count Estimated Charge \$125.00 J. BRYAN

MAR 24 2009

EXAMINER

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECEIVER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Plorida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Duration: Year limited liability company will coase to exist or "perpetual") 5. Perpetual (Dets of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability) 7 245 First Street, Cambridge, MA 02142 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: ViuCell, Inc., 245 First Street, Cambridge, MA 02142 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under onth of the bandator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: research and service Signature of a morpher or an authorized representative of a member. (In accordance with seaton 608.408(3), F.S., the execution of this document constitutes

an affirmation under the ponalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Cloton h Healv

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| If name un   | available, the alternate name to be used in the state of Florida is:   | SEC   |
|--|--|---|
| 2. The nan   | me and the Florida street address of the registered agent and office are:  | AHASSE  |
|  | C T Corporation System   | المارية |
|  | (Name)   | <del></del>   |
|  | 1200 South Pine Island Road  Florida Street Address (P.O. Box NOT ACCEPTABLE)  | · ·   |
|  | Plantation FL 33324 City/State/Zip   |   |
| Having bas   | in named as registered agent and to accept service of process for the abo  |   |
| liability con<br>agent and a<br>relating to t                | mpany at the place designated in this certificate, I hereby accept the apparagree to act in this capacity. I firther agree to comply with the provision the proper and complete performance of my duties, and I am familiar with the prosition as registered agent as provided for in Chapter 608, Floration System  Assistant Secretary  [Separate] | s of all stututes<br>h and accept the   |
| liability con<br>agent and a<br>relating to t<br>obligations | signee to act in this capacity. I firther agree to comply with the provision the proper and complete performance of my duties, and I am familiar with fof my position at registered agent as provided for in Chapter 608, Florusion System  Chris NCNECII  Ingulator Assistant Secretary  \$ 100.00 Filing Fee for Application                       | s of all stututes<br>h and accept the   |
| liability con<br>agent and a<br>relating to t<br>obligations | agree to act in this capacity. I firther agree to comply with the provision the proper and complete performance of my duties, and I am familiar with for my position at registered agent as provided for in Chapter 608, Florusion System  Chris NCNEAI  (Mgranue) Assistant-Secretary   | s of all stututes<br>h and accept the   |

# Delaware

PACE

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIACORD, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF MARCH, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

09 MAR 23 AM 8: 03
SECRETARY OF STATE

2340245 8300

090288411

You may verify this costificate online at corp. dulawase.cov/authvos.shtml

AUTHENTICATION: 7200269

DATE: 03-20-09