

M 180000011588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

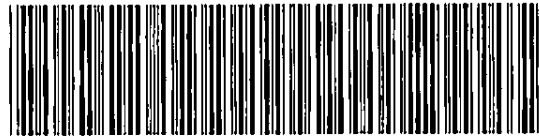
(Business Entity Name)

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**DATE: 12/21/18**

**NAME: IMCLONE SYSTEMS LLC**

**TYPE OF FILING: APPLICATION**

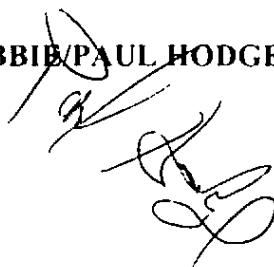
**COST: 125.00**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



A handwritten signature in black ink, appearing to read 'Abbie/Paul Hodge', is written over the printed name. The signature is stylized and cursive.

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IMCLONE SYSTEMS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JILL PROBST

\_\_\_\_\_  
Name of Person

NATIONAL SERVICE INFORMATION, INC

\_\_\_\_\_  
Firm/Company

145 BAKER ST

\_\_\_\_\_  
Address

MARION, OHIO 43302

\_\_\_\_\_  
City/State and Zip Code

CMICHALAK@LILLY.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JILL PROBST

740

387-6806

at ( )

\_\_\_\_\_  
Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy

\$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. IMCLONE SYSTEMS LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. UPON FILING  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 33 ImClone Drive, Branchburg, NJ 08876 6. 33 ImClone Drive, Branchburg, NJ 08876  
(Street Address of Principal Office) (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
 Name: NRAI Services, Inc.  
 Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

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 TALLAHASSEE, FL  
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**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

By: NRAI Services, Inc. *Jui Pilora* Asst Secretary  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---------------------------|--------------------------|---------------------------|--------------------------|
| <u>SEE ATTACHED</u>       | _____                    | _____                     | _____                    |
| _____                     | _____                    | _____                     | _____                    |
| _____                     | _____                    | _____                     | _____                    |

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

*[Signature]*  
Signature of an authorized person

Crystal Williams  
Typed or printed name of signer

**OFFICERS AND DIRECTORS for IMCLONE SYSTEMS LLC as of 12/12/18:**

| <b>Name</b>      | <b>Appointment Type</b> | <b>Notes</b> | <b>Address</b>                         |
|------------------|-------------------------|--------------|--|
| Anat Ashkenazi   | Manager                 | aka Director | 33 ImClone Drive, Branchburg, NJ 08876 |
| Philip Johnson   | Manager and President   | aka Director | 33 ImClone Drive, Branchburg, NJ 08876 |
| Bronwen Mantlo   | Secretary               |              | 33 ImClone Drive, Branchburg, NJ 08876 |
| Crystal Williams | Assistant Secretary     |              | 33 ImClone Drive, Branchburg, NJ 08876 |
| Rob Paz          | VP and Treasurer        |              | 33 ImClone Drive, Branchburg, NJ 08876 |
| Howard Smulewitz | Assistant Treasurer     |              | 33 ImClone Drive, Branchburg, NJ 08876 |
| Katie Lodato     | Assistant Treasurer     |              | 33 ImClone Drive, Branchburg, NJ 08876 |
| Gregory Plowman  | Vice President          |              | 33 ImClone Drive, Branchburg, NJ 08876 |
| Nellie Clark     | Vice President          |              | 33 ImClone Drive, Branchburg, NJ 08876 |
| Ankit Patel      | Vice President          |              | 33 ImClone Drive, Branchburg, NJ 08876 |

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMCLONE SYSTEMS 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 DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMCLONE SYSTEMS LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 2008.

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



4628668 8300

SR# 20188279121

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204147633

Date: 12-20-18