M14000014184

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500260862365

SOFFICIAL YOUR SPAINS OF FILLING

JUN 1 6 2014 T CLINE



ACCOUNT NO. : I2000000195

REFERENCE: 176756 4304756

AUTHORIZATION :

COST LIMIT : \$ 125

ORDER DATE: June 13, 2014

ORDER TIME : 3:15 PM

ORDER NO. : 176756-005

CUSTOMER NO: 4304756

FOREIGN FILINGS

NAME: KAMALA BIOPHARMA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER:

COVER LETTER

TO: Registration Section
Division of Corporations

Surrect. Kamala Biopharma 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:

Gitte Blanchet

Name of Person

Bingham McCutchen LLP

Firm/Company

One Federal Street

Address

Boston, MA 02110 -1726

City/State and Zip Code

gitte.blanchet@bingham.com

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

For further information concerning this matter, please call:

Gitte Blanchet

617

951-8211

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 Cir

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. Kamala Biopharma 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
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
_{5.} 3550 Esplanade Way, #3201
Tallahassee, FL 32311
(Street Address of Principal Office) 3550 Esplanade Way #3201
6. <u></u>
Tallahassee, FL 32311
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Pradeep G. Bhide, Manager
3550 Esplanade Way, #3201
Tallahassee, FL 32311
8. 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 oath of the translator must be submitted)
Pradup G. Hurde
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true 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.)
Pradeep G. Bhide

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Common Laboratory Common Labo	• •		
If unavailable, the alternate to be used	in the state of Florida is:		
2. The name and the Florida street add	lress of the registered agent and office are:		
Pradeep G. Bhide		- '}	2014 JUN 13
	(Name)		
3550 Esplanade Way, #3201			
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Tallahasee	32311 FL		9. 40
44. Call 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (City/State/Zip		,

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Poradup q. Which	
(Signature)	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PACE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "KAMALA BIOPHARMA 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 THIRTEENTH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KAMALA BIOPHARMA LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5549395 8300

140836135

Jeffrey W Bullock, Secretary of St AUTHENTYCATION: 1451601

DATE: 06-13-14

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