

MI6000003378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

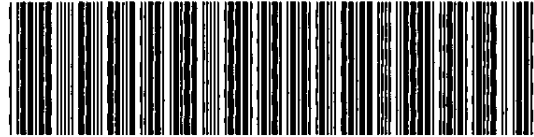
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

R.A. sign MI6-23485

Office Use Only



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2016 APR 25 A 11:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

APR 26 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2016

ANATOLIO B. CRUZ
400 PROFESSIONAL DRIVE, SUITE 400
GAITHERSBURG, MD 20879 US

SUBJECT: APTEVO BIOTHERAPEUTICS LLC
Ref. Number: W16000023485

We have received your document for APTEVO BIOTHERAPEUTICS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 016A00006512

March 28, 2016



VIA FEDEX

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

Dear Sir or Madam:

Enclosed please find a completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Aptevo BioTherapeutics LLC. Kindly process the application along with the following enclosed:

- A check for \$125.00 made payable to: "Florida Department of State."
- Attachment A: Certificate of Existence.

Should you need further information, please feel free to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Michael Adelman'.

Michael Adelman
Vice President, Commercial Operations

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aptevo BioTherapeutics 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:

Anatolio B. Cruz

Name of Person

Aptevo BioTherapeutics LLC

Firm/Company

400 Professional Drive, Suite 400

Address

Gaithersburg, MD 20879

City/State and Zip Code

CruzAB@ebsi.com

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

For further information concerning this matter, please call:

Neha Chawla

484

318-8846

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. Aptevo BioTherapeutics LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
N/A

(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. 81-1429784
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 920 Cassatt Rd, Suite 100, Berwyn PA 19312
(Street Address of Principal Office)

6. 920 Cassatt Rd, Suite 100, Berwyn PA 19312
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

SECRETARY OF STATE
OFFICE, FLORIDA

2005 APR 25 AM 11:47

FILED

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Thomas R Anderson

(Registered agent's signature) **Thomas Anderson, Assistant Secretary**

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

Anatolio B. Cruz, Secretary

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) **See Attachment A**

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. 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.)

Anatolio B. Cruz

Typed or printed name of signee

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Anatolio B. Cruz
Typed or printed name of signee

FILED
2021 JUN 25 A 11:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APTEVO BIOTHERAPEUTICS 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 TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2016.

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



5937234 8300

SR# 20161120246

You may verify this certificate online at 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.

Authentication: 201883160

Date: 02-24-16