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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

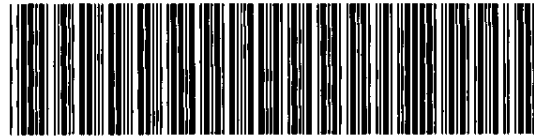
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DIVISION OF CORPORATIONS  
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JACKSON WALKER L.L.P.  
ATTORNEYS & COUNSELORS

Virginia C. Alverson  
(713) 752-4575 (Direct Dial)  
(713) 308-4114 (Direct Fax)  
valverson@jw.com

October 17, 2006

**VIA FEDERAL EXPRESS**

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

Re: CryoSource, Inc. & Cryocare II, L.P.

To Whom it May Concern:

Enclosed for filing are the following:

- FD-6-10014
1. **CryoSource, Inc.** – Application by Foreign Corporation for Authorization to Transact Business in Florida (with Cover Letter)
  2. **Cryocare II, L.P.** – Application by Foreign Limited Partnership or Limited Liability Partnership to Transact Business in Florida (with Cover Letter)

Per your request, enclosed are certificates of good standing for each entity indicated above.

Also enclosed, respectively, are two checks payable to the Florida Department of State in the amounts of \$78.75 and \$1,008.75 to cover the filing fee. Please certify the enclosed copies and return one copy back to me at the address listed above in the enclosed envelope.

Thank you for your assistance in this matter

Sincerely,

*Virginia Alverson*  
Virginia C. Alverson

VCA:tb  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cryocare II, L.P.

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Wayne Bruce

(Contact Person)

CryoSource, Inc.

(Firm/Company)

2601 Kentucky Street

(Address)

Pampa, TX 79065

(City, State and Zip Code)

For further information concerning this matter, please call:

Virginia Alverson at ( 713 ) 752-4575

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees  
(\$965 Filing Fee and  
\$35 Registered Agent  
Fee)

☒ \$1,008.75 Filing Fees  
and Certificate of  
Status

☐ \$1,052.50 Filing Fees  
and Certified Copy

☐ \$1,061.25 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

1. Cryocare II, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)  
*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*  
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.*

(If name unavailable, name under which the limited partnership or limited liability limited partnership  
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware

(State or Country of Formation)

3. July 11, 2006

(Date of Formation)

4. CT Corporation System

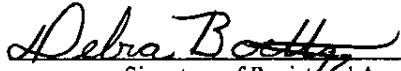
(Name of Registered Agent for Service of Process)

5. 1200 South Pine Island Road

(Florida street address for Registered Agent)

Plantation, FL 33324

6. *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.*

  
Signature of Registered Agent

**Debra Boettger**  
**Assistant Secretary**

7. 2601 Kentucky Street, Pampa, TX 79605

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☐

9. \_\_\_\_\_  
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

<u>CryoSource, Inc.</u>	<u>2601 Kentucky Street</u>
(Name)	(Street Address)
<i>FD-6-6614</i>	<u>Pampa, TX 79065</u>

\_\_\_\_\_  
(Mailing Address)

_____ (Name)	_____ (Street Address)
-----------------	---------------------------

\_\_\_\_\_  
(Mailing Address)

_____ (Name)	_____ (Street Address)
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\_\_\_\_\_  
(Mailing Address)

_____ (Name)	_____ (Street Address)
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\_\_\_\_\_  
(Mailing Address)

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DIVISION OF CORPORATIONS  
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_____	_____
(Name)	(Street Address)
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(Name)	(Street Address)
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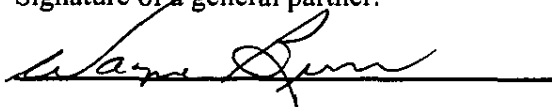
11. Effective date, if other than the date of filing: \_\_\_\_\_.

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 13 day of October, 2006.

Signature of a general partner:



<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRYOCARE II, L.P." 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 TWELFTH DAY OF OCTOBER, A.D. 2006.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 OCT 26 PM 2:28



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 5109987

DATE: 10-12-06