

F05000062856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

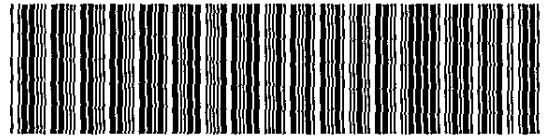
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 351568 4303194  
AUTHORIZATION : *Patricia Pigute*  
COST LIMIT : \$ 70.00

FILED  
05 MAY 13 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : May 3, 2005

ORDER TIME : 11:06 AM

ORDER NO. : 351568-025

CUSTOMER NO: 4303194

CUSTOMER: Ms. Claudia Immerzeel  
Paul Hastings Janofsky &  
515 South Flower Street  
25th Floor  
Los Angeles, CA 90071-2371

FOREIGN FILINGS

NAME: BIOMARIN PHARMACEUTICAL INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER: \_\_\_\_\_

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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TALLAHASSEE, FLORIDA

1. BioMarin Pharmaceutical Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 68-0397820

(FEI number, if applicable)

4. October 25, 1996

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")

(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

c/o BioMarin Pharmaceutical Inc., 105 Digital Drive

7. Novato, CA 94949

(Principal office address)

105 Digital Drive, Novato, CA 94949

(Current mailing address)

Develop and commercialize biopharmaceuticals for serious diseases and

8. medical conditions.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Rays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

10. 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.

Corporation Service Company

By: 

(Registered agent's signature)

Assistant Vice President

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

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: See attached officers/directors rider

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: See attached officers/directors rider

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. \_\_\_\_\_

Kim (Suchimoto, Vice President, Treasurer

(Typed or printed name and capacity of person signing application)

# RIDER

## OFFICERS AND DIRECTORS OF BIOMARIN PHARMACEUTICAL INC.

### A. Directors:

Name:	Office/Title:	Mailing Address:
Franz L. Cristiani	Director	105 Digital Drive Novato, CA 94949
Elaine J. Heron, Ph.D	Director	105 Digital Drive Novato, CA 94949
Pierre Lapalme	Director, Chairman of the Board	105 Digital Drive Novato, CA 94949
Erich Sager	Director	105 Digital Drive Novato, CA 94949
John Urquhart, M.D.	Director	105 Digital Drive Novato, CA 94949
Gwynn R. Williams	Director	105 Digital Drive Novato, CA 94949

### B. Officers:

Name:	Office/Title:	Mailing Address:
Louis Drapeau	Acting Chief Executive Officer, Senior Vice President, Finance and Secretary	105 Digital Drive Novato, CA 94949
Robert A. Baffi, Ph.D	Senior Vice President, Technical Operations	105 Digital Drive Novato, CA 94949
Emil D. Kakkis, M.D., Ph.D	Senior Vice President, Business Operations	105 Digital Drive Novato, CA 94949
Christopher M. Starr, Ph.D	Senior Vice President	105 Digital Drive Novato, CA 94949
Stuart J. Swiedler, M.D., Ph.D	Senior Vice President, Clinical Affairs	105 Digital Drive Novato, CA 94949
Jeffrey H. Cooper, C.P.A.	Acting Chief Financial Officer, Vice President and Controller	105 Digital Drive Novato, CA 94949
G. Eric Davis	Vice President and Assistant Secretary	105 Digital Drive Novato, CA 94949

Daniel P. Maher	Vice President, Program Management	105 Digital Drive Novato, CA 94949
Kim R. Tsuchimoto, C.P.A.	Vice President, Treasurer	105 Digital Drive Novato, CA 94949

# Delaware

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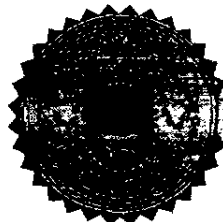
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOMARIN PHARMACEUTICAL INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF MAY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIOMARIN PHARMACEUTICAL INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 1996.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

2677181 8300

AUTHENTICATION: 3870634

050381930

DATE: 05-11-05