Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000207828 3)))



H100002078283ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for fagur annual report mailings. Enter only one email address please.

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION CYORI THERAPEUTICS, INC.

| Certificate of Status | 0 |
|-----------------------|--------------|
| Certified Copy | 0 |
| Page Count | 04 05 |
| Estimated Charge | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

SEP 21 PH 3: 37

ECRETARY OF STATE

************PLEASE RESUBMIT AND GIVE ORIGINAL SUBMISSION DATE AS THE FILE DATE.*******

September 21, 2010

FLORIDA DEPARTMENT OF STATE Division of Corporations

: CORPORATION SERVICE COMPANY

SUBJECT: CYORI THERAPEUTICS, INC.

REF: W10000044197

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The FEI number listed in #3 of your form should be a nine digit number.

If you have any further questions concerning your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section FAX Aud. #: H10000207828 Letter Number: 610A00022401

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.

| | , | | | |
|-------------------|---|------|---|---------------------|
| (If name unavail | able in Florida, enter alternate corporate na | me | adopted for the purpose of transacting busine | ess in Florida) |
| DELAWARE | | 3. | 33-0827593 | |
| (State or country | under the law of which it is incorporated) | | (FEI number, if applicable) | |
| MAY 16, 1997 | | 5. | PERPETUAL | |
| (Date | of incorporation) | | (Duration: Year corp. will cease to exist or | "perpetual") |
| JUNE 21, 2010 | | | | |
| | | | a Florida, if prior to registration) | |
| | | 7.13 | 502, F.S., to determine penalty liability) | |
| 3020 CALLAN I | ROAD, SAN DIEGO, CA 92121 | | | · - |
| | (Principal office a | 30 G | ress) | |
| 3020 CALLAN | ROAD, SAN DIEGO, CA 92121 (Current mailing a | | | |
| | (Current maning a | 30Q) | ress) | |
| SALE OF MED | ICAL DEVICES & RELATED PRODUCT | `S & | ACCESSORIES | AS O |
| (Purpose(| s) of corporation authorized in home state or | г со | untry to be carried out in state of Florida) | ES ES |
| . Name and stree | et address of Florida registered agent: (I | P.O | D. Box <u>NOT</u> acceptable) | 22 HASS |
| Name: | Corporation Service Company | | | THO P |
| Office Address: | 1201 Hays Street | | <u> </u> | PH 1: 14 SEE FLORID |
| | Tallahassee | | , Florida 32301 | 温井 |
| | (City) | | (Zip code) | D |

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 Kimberly B. Moret as its agent

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:

10 SEP 21 PM 1: 14

| 12. Names and business addresses of officers and/or directors: | 10 SEP 21 PM 1: 14 | | | | |
|---|---|--|--|--|--|
| A. DIRECTORS | SECRETARY OF STATE TALLAHASSEE FLORIDA | | | | |
| Chairman: RONALD D. HENRIKSEN | MALEAHASSEE FLORIDA | | | | |
| Address: 3020 CALLAN ROAD | | | | | |
| SAN DIEGO, CA 92121 | | | | | |
| Vice Chairman: CHRISTOPHER J. CALHOUN | | | | | |
| Address: 3020 CALLAN ROAD | | | | | |
| SAN DIEGO, CA 92121 | | | | | |
| Director: MARK H. HEDRICK | ***** | | | | |
| Address: 3020 CALLAN ROAD | | | | | |
| SAN DIEGO, CA 92121 | | | | | |
| Director: PAUL W. HAWRAN | | | | | |
| Address: 3020 CALLAN ROAD | | | | | |
| SAN DIEGO, CA 92121 | | | | | |
| B. OFFICERS | | | | | |
| President: MARC HEDRICK | | | | | |
| Address: 3020 CALLAN ROAD | | | | | |
| SAN DIEGO, CA 92121 | | | | | |
| Vice President: BRUCE REUTER | | | | | |
| Address: 3020 CALLAN ROAD, SAN DIEGO, CA 92121 | | | | | |
| | | | | | |
| Secretary: JONATHAN E. SONEFF | | | | | |
| Address: 3020 CALLAN ROAD, SAN DIEGO, CA 92121 | | | | | |
| Treasurer: MARK E. SAAD | | | | | |
| Address: 3020 CALLAN ROAD, SAN DIEGO, CA 92121 | | | | | |
| NOTE: If necessary, you may attach an addendum to the application lis | sting additional officers and/or directors. | | | | |
| (Signature of Director or Officer listed in number 12 of the application) | | | | | |
| 14. JONATHAN E. SONEFF, SECRETARY | | | | | |
| (Typed or printed name and capacity of person | signing application) | | | | |

9/21/2010 1:47:26 PM PAGE 5/005 Fax Server

Delaware



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CYTORI THERAPEUTICS, 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 SIXTEENTH DAY OF AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CYTORI THERAPEUTICS, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF MAY, A.D. 1997.

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

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

2752020 8300°

100833038 "
You may verify this certificate onlat corp.delaware.gov/authver.shtml

AUTHENTY CATION: 8175164

DATE: 08-16-10