

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

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 future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION FIBROCELL TECHNOLOGIES, INC.

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Estimated Charge	\$87.50

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Corporate Filing Menu

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COVER LETTER

TO: New Filing Section	
Division of Corporations	
SUBJECT: Fibrocell Technologies, Inc.	ion - must include suffix
Name of corporati	ion - must include surfix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	tanding" and check are submitted to register the
Please return all correspondence concerning this mat	ter to the following:
John Maslowski	
Name	of Person
Fibrocell Technologies, Inc.	
Firm/C	ompany
405 Eagleview Boulevard	
Ad	dress
Exton, PA 19341	
City/Stat	e and Zip code
jmaslowski@fibrocellscience.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
John Maslowski at (484	713-6032
	ea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

1. Fibrocell Techn		
	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"
Fibrocell Science	e, Inc. (parent company, Fibrocell Technol	ologies, Inc. is a wholly owned subsidiary)
(If name unavail	able in Florida, enter alternate corporate na	name adopted for the purpose of transacting business in Florida)
2. Delaware		3. 22-3436974
	under the law of which it is incorporated)	(FEI number, if applicable)
4, 12/28/1995		5. Perpetual
`	of incorporation)	(Duration: Year corp. will cease to exist or "perpatual")
	(SEE SECTIONS 607.1501 & 60	607.1502, F.S., to determine penalty liability)
7. 403 Eagleview B	oulevard, Exton, PA 19341 (Principal office	c address)
405 Eagleview B	oulevard, Exton, PA 19341	c address)
	(Current mailing	g address)
8. Manufacture and	distribution of a non-controlled perscription	ion cell therapy product for injection.
(Purpose(s	s) of corporation authorized in home state of	or country to be carried out in state of Florida)
9. Name and stree	et address of Florida registered agent: ((P.O. Box NOT acceptable)
Name:	Corporation Service Company	
Office Address:	1201 Hays Street	
	Tallahassee	, Florida ³²³⁰¹
	(City)	(Zip code)
Having been nam designated in this further agree to c	s application, I hereby accept the appo comply with the provisions of all statut r with and accept the obligations of my	service of process for the above stated corporation at the place ointment as registered agent and agree to act in this capacity. Hes relative to the proper and complete performance of my dut hy position as registered agent.
	Corporation Service Company	•

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.

(Registered agent's signature) Amy Gudgel, Asst. V.P.

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

A. DIRECTORS	SECRETARY OF STATE
Chairman: See attached for list of Directors.	TALLAHASSEE. FLORIDA
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS President: David Pernock (Chief Executive Officer) Address: 405 Eagleview Boulevard	
Exton, PA 19341	
Vice President: Declan Daly (Chief Operating Officer and Chief Financial Of	ficer)
Address: 405 Eagleview Boulevard	
Exton, PA 19341	
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 Of The officer or director signing this document (and who is listed in num are true and that he or she is aware that false information submitted in third degree felony as provided for in s.817.155, F.S.	ber 12 above) affirms that the facts stated herein
. David Dernock Chairman and CEO	

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

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

APPLICANT: FIBROCELL TECHNOLOGIES, INC.

Attachment

List of the Board of Directors

- · David Pernock, Chairman and Chief Executive Officer
- · Declan Daly, Director, Chief Operating Officer and Chief Financial Officer
- · George J. Korkos, M.D., D.D.S., F.A.C.S., Director
- · Robert S. Langer, Sc.D, Director
- · Marc B. Mazur, Director
- · Kelvin D. Moore, Director

The business address for all members of the Board of Directors is 405 Engleview Boulevard, Exton, PA 19341.

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SECRETARY OF STATE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIBROCELL TECHNOLOGIES, 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. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIBROCELL TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 1995.

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.

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leffrey W. Bullock, Secretary of State TION: 8753162

DATE: 05-11-11

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

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The First State

11 MAY II AM IO: 54 PAGE 1 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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110524917

Jeffrey W. Bullock, Secretary of St AUTHENTICATION: 8753163

DATE: 05-11-11

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