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To:

Division of Corporations

Fax Number

: (850)617-6301

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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 SHIRE HUMAN GENETIC THERAPIES, INC.

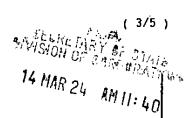
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Corporate Filing Menu

Help

COVER LETTER
TO: Now Piling Section Division of Corporations
SUBJECT: SHIRE HUMAN GENETIC THERAPIES, INC.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Poreign Corporation for Authorization to Transact Business in Plorida," "Certificate of Bxistence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Plorida.
Please return all correspondence concerning this matter to the following:
DONNA MORGES
Name of Person
shirb human genetic therapies, inc.
Pirm/Company
725 CHESTERBROOK BOULEVARD
Address
WAYNE, PA 19087
City/State and Zip code
dmarges@shire.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DONNA MORGES 61 (484) 595-8385
Name of Person Area Code & Dayrime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Cliften Building 2661 Executive Center Circle Tallahassee, 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 ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$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.

	n genetic therapies, inc.	
	orporation; must include "INCORPORATH terp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORFORATION;"
(if namo unavail	able la Florida, enter alternate corporate na	ne adopted for the purpose of transacting business in Plorida)
2 DELAWARE	•	3. 04-3027191
	under the law of which it is incorporated)	(PHI number, if applicable)
4. JULY 7, 1988		5. PERPHTUAL
· ·	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
S. UPON FILING		•
·		is in Plorida, if prior to registration) 7.1502, F.S., to determine penalty liability)
, 300 SHIRE WAY	Y, LEXINGTON, MA 02421	·
	(Principal office a	uldress)
300 SHIRB WA	y, lexington, ma 0242)	
	(Current mailing o	ddress)
R. GENB THERA	Y, RESBARCH AND DEVELOPMENT	
(Purpose(s) of corporation authorized in home state or	r country to be carried out in state of Florida)
9. Name and stre	ri address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name:	CT Corporation System .	
Office Address:	1200 South Pine Island Road	
	Pinntalion	. Florida

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.

By: Maria P Shambers

Maria 7 Chambers Special Assistant Secre-

(Registered agent's signature)

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 outlody 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: N/A
Address:
Vice Chairman: N/A
Address:
Director: HLLEN ROSENBERO
Address; 725 CHESTERBROOK BOULEVARD
WAYNE, FA 19087
Director LAURIE STELZER
Address: 300 SHIRB WAY
LBXINGTON, MA 02421
B. OFFICERS
President: BILL CIAMBRONB
Address: 300 SHTRE WAY
LEXINGTON, MA 02421
Vice President: BILL CIAMBRONB
Address: 300 SHIRE WAY
LEXTNOTON, MA 02421
Secretary: HLLEN ROSHNBERG
Address: 725 CHESTERBROOK BOULEVARD, WAYNE, PA 19087
Treasurer: LAURIB STBLZER
Address: 300 SHIRE WAY, LEXINGTON, MA 02421
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817.155, F.S.
14. BLLEN ROSENBERG, SECRETARY (Typed or printed pame and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHIRE HUMAN GENETIC THERAFIES, 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 TWENTY-FOURTH DAY OF MARCH, A.D. 2014.

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

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

2165895 8300

140368638

You may verify this cortificate onlin

jettrey W. Bullock, Secretary of State

DATE: 03-24-14