

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6381

Please retain original filing
date of submission 9/4

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
Aastrom Biosciences, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	08 11
Estimated Charge	\$70.00

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

14 SEP -4 PM 1:02

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Electronic Filing Menu

Corporate Filing Menu

Help

MD 9/8



September 5, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: AASTROM BIOSCIENCES, INC.
REF: W14000054234

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 document must be signed by one of the Officers/Directors listed in the application.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000207509
Letter Number: 014A00018977

RE-SUBMIT

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date of submission 9/4

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Aastrom Biosciences, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jason Jean

Name of Person

Aastrom Biosciences, Inc

Firm/Company

24 Frank Lloyd Wright Dr, Lobby K

Address

Ann Arbor, MI 48105

City/State and Zip code

jjean@aastrom.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Jean

Name of Person

at (934) 418-4459

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton 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 & 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. Astrom Biosciences, 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. Michigan 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 03/24/1989 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. May 31st, 2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 24 FRANK LLOYD WRIGHT DR. LOBBY K, Ann Arbor, MI 48105-9755
(Principal office address)

301116
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

9. 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.

CT Corporation System

By: Connie Bryan
(Registered agent's signature)

10. 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.

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14 SEP - 4 PM 1:02
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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14 SEP - 4 PM 1:02
CLERK OF SUPERIOR COURT
JULIA M. SEELIGER

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

A. DIRECTORS *SBE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS *SBE ATTACHMENT*

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Andrea Alaniz
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 felony as provided for in s.817.155, F.S.

13. Andrea Alaniz Vice President
(Typed or printed name and capacity of person signing application)

9/5/2014 13:36:24 From: To: 8506176381

(7/11)

Schedule A

Marrow Donation, LLC

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Aastrom Biosciences, Inc ("Corporation"), a corporation incorporated under the laws of the state of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Audrea Alaniz and Alexis Brachel, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the corporation to act for the corporation and in the corporation's name for the limited purposes authorized herein.

The corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to qualify the corporation's and the subsidiary entities' in any state, as directed and authorized by the corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Audrea Alaniz and Alexis Brachel shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this September 3, 2014

Aastrom
<<Quoting Entity>>
A <<Domestic State>> <<Entity Type>>

By: *Gerard Michel*
Name: Gerard Michel
Title: CFO

State of New York
County of Queens County

On September 3, 2014 before me, the undersigned, a Notary Public in and for said State, personally appeared *Gerard Michel* (personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Isaac Hamaoui
Notary Public
ISAAC HAMAOU
NOTARY PUBLIC, STATE OF NEW YORK
NO 01HA5070455
QUALIFIED IN KINGS COUNTY
COMMISSION EXPIRES *12/16/2016*

FILED
14 SEP -4 PM 1:02
CLERK OF DISTRICT COURT
STATE OF FLORIDA

**Attachment to Florida
Officers & Directors**

1	Full Name:	Nick Colangelo
	Officer/Director:	Officer
	Officer's Title:	CEO
	Director's Title:	
	Business Address:	24 FRANK LLOYD WRIGHT DR LOBBY K
	City:	Ann Arbor
	State:	MI
	ZIP Code:	48105-9755
2	Full Name:	Daniel Orlando
	Officer/Director:	Officer
	Officer's Title:	COO
	Director's Title:	
	Business Address:	24 FRANK LLOYD WRIGHT DR LOBBY K
	City:	Ann Arbor
	State:	MI
	ZIP Code:	48105-9755
3	Full Name:	David Recker
	Officer/Director:	Officer
	Officer's Title:	CMO
	Director's Title:	
	Business Address:	24 FRANK LLOYD WRIGHT DR LOBBY K
	City:	Ann Arbor
	State:	MI
	ZIP Code:	48105-9755
4	Full Name:	Gerard Michel
	Officer/Director:	Officer
	Officer's Title:	CFO
	Director's Title:	
	Business Address:	24 FRANK LLOYD WRIGHT DR LOBBY K
	City:	Ann Arbor

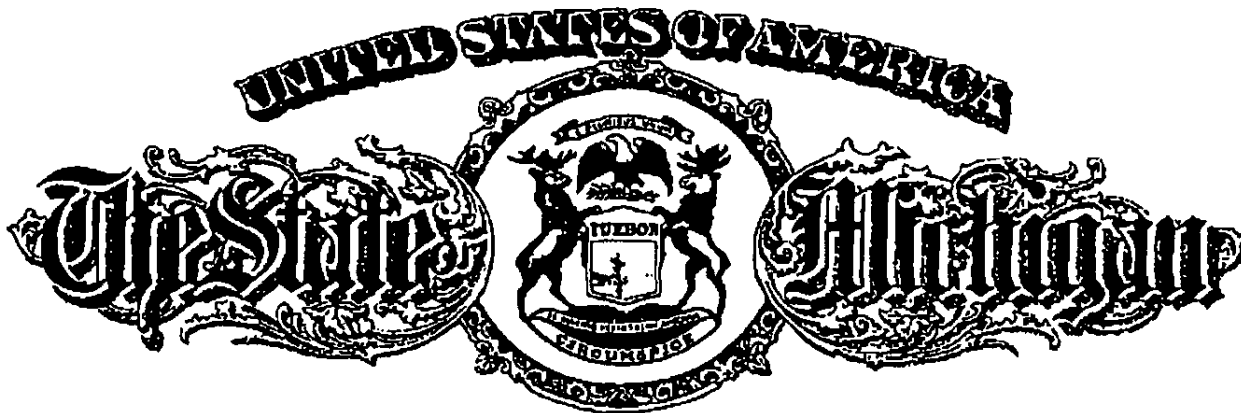
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U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA
TALLAHASSEE, FLORIDA

State: MI
ZIP Code: 48105-9755
5 Full Name: Ross Tubo
Officer/Director: Officer
Officer's Title: CSO
Director's Title:
Business Address: 24 FRANK LLOYD WRIGHT DR LOBBY
K
City: Ann Arbor
State: MI
ZIP Code: 48105-9755
6 Full Name: Robert L. Zerbe
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 24 FRANK LLOYD WRIGHT DR LOBBY
K
City: Ann Arbor
State: MI
ZIP Code: 48105-9755
7 Full Name: Nelson M. Sims
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 24 FRANK LLOYD WRIGHT DR LOBBY
K
City: Ann Arbor
State: MI
ZIP Code: 48105-9755
8 Full Name: Alan L. Rubino
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 24 FRANK LLOYD WRIGHT DR LOBBY
K
City: Ann Arbor

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STATE
TALLAHASSEE, FLORIDA

State: MI
ZIP Code: 48105-9755
9 Full Name: Heidi Hagen
Officer/Director: Director
Officer's Title: Director
Director's Title: Director
Business Address: 24 FRANK LLOYD WRIGHT DR LOBBY
K
City: Ann Arbor
State: MI
ZIP Code: 48105-9755

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14 SEP -4 PM 1:02
SHERIFF'S OFFICE
TALLAHASSEE FLORIDA



14 SEP 11 PM 1:02
STATE OF MICHIGAN
CLERK OF THE SUPREME COURT

This is to Certify That

AASTROM BIOSCIENCES, INC.

was validly incorporated on March 24, 1989, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 2nd day of September, 2014.

Alan J. Schefke, Director
Corporations, Securities & Commercial Licensing Bureau