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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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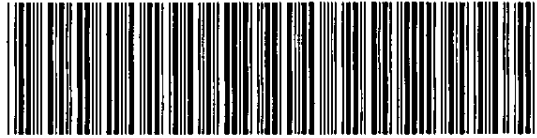
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

2016 FEB 11 AM 10:05

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K. SALY  
EXAMINER

FEB 12

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 013375 7952841

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : February 11, 2016

ORDER TIME : 9:41 AM

ORDER NO. : 013375-005

CUSTOMER NO: 7952841

FOREIGN FILINGS

NAME: KITE PHARMA, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kite Pharma, 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:

Tanya M. Richardson, Associate Corporate Counsel

\_\_\_\_\_  
Name of Person

Kite Pharma, Inc.

\_\_\_\_\_  
Firm/Company

2225 Colorado Ave.

\_\_\_\_\_  
Address

Santa Monica, CA 90404

\_\_\_\_\_  
City/State and Zip code

trichardson@kitepharma.com

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

For further information concerning this matter, please call:

Tanya M. Richardson

424

322-1939

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration 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.*

Kite Pharma, Inc.

1. \_\_\_\_\_  
(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 3. 271524986  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
6/1/2009 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2225 Colorado Avenue, Santa Monica, CA 90404  
(Principal office address)

See (7) above.

(Current mailing address, if different)

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

Name: Corporation Service Company

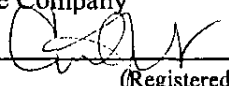
Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

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.*

Corporation Service Company

By:   
(Registered agent's signature)

Courtney Williams  
Asst. Vice President

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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2016 FEB 11 AM 10:05  
TALLAHASSEE, FLORIDA  
DEPT. OF STATE

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

**A. DIRECTORS**

Chairman: Please see attached Exhibit A.

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: Please see attached Exhibit A.

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.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. 

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

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2016 FEB 11 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2016 FEB 11 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**EXHIBIT A**

**Officers and Directors of Kite Pharma, Inc.**

Business addresses: 2225 Colorado Avenue, Santa Monica, CA 90404

Arie Beldegrun, M.D., FACS	President and Chief Executive Officer and Chairman of the Board
Cynthia M. Butitta	Chief Operating Officer and Chief Financial Officer
David Chang, M.D., Ph.D.	Chief Medical Officer and Executive Vice President of Research and Development
Margo R. Roberts, Ph.D.	Chief Scientific Officer
Helen S. Kim	Executive Vice President, Business Development
Marc Better, Ph.D.	Vice President, Product Sciences
Rizwana F. Sproule, Ph.D.	Vice President, Regulatory Affairs
Jeffrey Wiezorek, M.D.	Vice President, Clinical Development
Shawn Tomasello	Chief Commercial Officer
David Bonderman	Director
Farah Champsi	Director
Roy Doumani	Director
Joshua A. Kazam	Director
Ran Nussbaum	Director
Steven B. Ruchefsky	Director
Jonathan M. Peacock	Director
Franz B. Humer	Director

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KITE PHARMA, 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 FEBRUARY, A.D. 2016.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KITE PHARMA, INC." WAS INCORPORATED ON THE FIRST DAY OF JUNE, A.D. 2009.

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

FILED  
2016 FEB 11 AM 10:06  
SECRETARY OF STATE  
JALAHASSET, FLORIDA



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SR# 20160741481

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 201814511

Date: 02-11-16