

F17000002386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF STATE  
17 MAY 25 PM 4:28


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

ACCOUNT NO. : I20000000195

REFERENCE : 658841 7171926

AUTHORIZATION :

COST LIMIT :

  
\$ 70.00

ORDER DATE : May 25, 2017

ORDER TIME : 3:42 PM

ORDER NO. : 658841-005

CUSTOMER NO: 7171926

FOREIGN FILINGS

NAME: JUNO THERAPEUTICS, 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: Melissa Zender -- EXT# 62956

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Juno Therapeutics, 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:

Zachary D. Hale

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

Juno Therapeutics, Inc.

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

307 Westlake Ave., N., Suite 300

\_\_\_\_\_  
Address

Seattle, WA 98109

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

zachary.hale@junotherapeutics.com

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

For further information concerning this matter, please call:

Barbara Mery

206

883-2507

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.*

1. Juno Therapeutics, 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. Delaware 3. 46-3656275  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/05/2013 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 307 Westlake Ave. N., Suite 300, Seattle, WA 98109  
(Principal office address)
- \_\_\_\_\_  
(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: M. Zender  
(Registered agent's signature)

Melissa Zender  
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.

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

**A. DIRECTORS**

Chairman: See Attachment

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: See Attachment

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. Zachary D. Hale, Assistant Secretary

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

**11. Name and business addresses of officers and/or directors:****A. DIRECTORS**

<b>NAME</b>	<b>ADDRESS</b>
Howard Pien – Chairman	307 Westlake Ave N., Suite 300 Seattle, WA 98109
Hans E. Bishop	307 Westlake Ave N., Suite 300 Seattle, WA 98109
Anthony Evnin	307 Westlake Ave N., Suite 300 Seattle, WA 98109
Richard Klausner	307 Westlake Ave N., Suite 300 Seattle, WA 98109
Mary Agnes Wilderotter	307 Westlake Ave N., Suite 300 Seattle, WA 98109
Thomas Daniel	307 Westlake Ave N., Suite 300 Seattle, WA 98109
Hal Barron	307 Westlake Ave N., Suite 300 Seattle, WA 98109
Rupert Vessey	307 Westlake Ave N., Suite 300 Seattle, WA 98109
Robert T. Nelsen	307 Westlake Ave N., Suite 300 Seattle, WA 98109
Jay T. Flatley	307 Westlake Ave N., Suite 300 Seattle, WA 98109

**B. OFFICERS**

<b>NAME</b>	<b>TITLE</b>	<b>ADDRESS</b>
Hans E. Bishop	President and CEO	307 Westlake Ave N., Suite 300 Seattle, WA 98109
Bernard J. Cassidy	General Counsel and Secretary	307 Westlake Ave N., Suite 300 Seattle, WA 98109
Steven D. Harr	Chief Financial Officer	307 Westlake Ave N., Suite 300 Seattle, WA 98109
Sunil Agarwal	President of Research & Development	307 Westlake Ave N., Suite 300 Seattle, WA 98109
Robert Azelby	EVP, Chief Commercial Officer	307 Westlake Ave N., Suite 300 Seattle, WA 98109
Zachary D. Hale	Assistant Secretary	307 Westlake Ave N., Suite 300 Seattle, WA 98109

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JUNO 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 TWENTY-FIFTH DAY OF MAY, A.D. 2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JUNO THERAPEUTICS, INC." WAS INCORPORATED ON THE FIFTH DAY OF AUGUST, A.D. 2013.

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



5378373 8300

SR# 20174084528

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202603984

Date: 05-25-17