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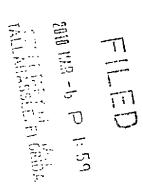
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only



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COVER LETTER

	stration Section ion of Corporati	one				
	Insmed Incorp					
SUBJECT:		Name of corporat	tion -	must include suffix		
Dear Sir or M	ladam:					
"Certificate o	f Existence," or		Stand	uthorization to Transacing" and check are subs in Florida.		
Please return Holly Griffin	all corresponde	nce concerning this ma	atter t	o the following:		
		Name	of P	erson		
Insmed Incor	porated					
		Firm/C	Comp	any		
10 Finderne	Avenue, Building	1 0				
Bridgewater,	NJ 08807	A	ddres	S		
		City/Sta	te and	d Zip code		
Holly.Griffin@	insmed.com				至	元
	E-	mail address: (to be us	sed fo	r future annual report r	notification)	- 1
For further in	formation conce	erning this matter, plea	ise ca	11:	21.1	0 ;
Amy Taylor		908 at (977-9900		1: 59
Nam	e of Person	Area (Code	Daytime Telep	hone Number :-	و
Regis Divis Clifto 2661 Talla	EET/COURIE stration Section sion of Corporat on Building Executive Cent hassee, Fl. 323	ions er Circle 01		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	
Enclosed is a	check for the fo	llowing amount:				
■ \$70.00 Fi	ling Fee 🔲	\$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate of Certified Co	of Status &

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.	Insmed Incom	porated			
	(Enter name of o	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")),''	"COMPANY," "CORPORATIO	N,"
	N/A				
	(If name unavail	able in Florida, enter alternate corporate name	c a	dopted for the purpose of transaction	ng business in Florida)
2.	Virginia	1	l	54-1972729	
٠.	(State or country under the law of which it is incorporate		٠.	(FEI number, if applicable)	
4.	11/29/1999		i.	Perpetual	• ,
•	(Date of incorporation)		•	(Date of duration, if other than perpetual)	
6.	N/A				
7	10 Finderne Av	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1 enue, Building 10, Bridgewater, NJ 08807	15	Florida, if prior to registration) 02, F.S., to determine penalty liabil	ity)
<i>'</i> '-		(Princi	ipa	al office address)	
	Same as above	B.			
		(Current maili	inį	g address, if different)	
8.	Name and street	et address of Florida registered agent: (P.	0.	. Box <u>NOT</u> acceptable)	SAIL INE
	Name:	C T Corporation System			
Of	fice Address:	1200 South Pine Island Road			
		Plantation		33324 , Florida	
٠		(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.

April Wittenwyler
Assistant Secretary

(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.

See Attachment A

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

A. DÍRECTÓRS			
Chairman: See Attachment B	· -		
Address:			
Nulcos.			
			
Vice Chairman:		<u>-</u>	
Address:			
Director:			
Address:			
Director:			
Director:		 -	
Address:			<u>.</u>
3. OFFICERS			
See Attachment B			
Address:			
Vice President:	7.	28.5	
		- 23 :: <u>5</u>	-17
Address:	 	1	1
		<u> </u>	177
secretary:		<u> </u>	
Address:	<u> </u>	 	
reasurer:	_ 	ىد	
Address:			
NOTE: If necessary, you may attach an addendum to the application listing ad	dditional officers and/or	Se directors	ee Attachment
Raul Hork			
Signature of Director or Officer			
The officer or director signing this document (and who is listed in number 11 a are true and that he or she is aware that false information submitted in a docum			
third degree felony as provided for in s.817.155, F.S.			
3. Paul Streck M.D Chief Medical and Scientific Officer			
(Typed or printed name and capacity of person signing	g application)		

Attachment B

Corporate Officer and Director Information

Insmed Incorporated 10 Finderne Avenue, Building 10 Bridgewater, NJ 08807

Corporate Officers:

William Lewis
President and Chief Executive Officer

✓Paolo Tombesi Chief Financial Officer

-Christine Pellizzari
Chief Legal Officer

Roger Adsett
Chief Commercial Officer

Paul D. Streck, M.D.
Chief Medical and Scientific Officer

Directors:

Donald J. Hayden, Jr.
David R. Brennan
Myrtle Potter
William H. Lewis
Steinar J. Engelsen, MD
Melvin Sharoky, MD
Alfred F. Altomari
David W.J. McGirr

^{*}The corporate officers and directors may be contacted at the address provided above.

Commonwealth of Harginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

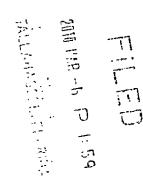
That Insmed Incorporated is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is November 29, 1999;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.





Signed and Sealed at Richmond on this Date: January 26, 2018

Joel H. Peck, Clerk of the Commission

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