				_
To:	Page	2	of	-5

 $\bigcirc$ 

 $\sum_{i=1}^{n}$ 

. £. 2018-10-05 15:07.27 CST

10/5/2018

Division of Corporations 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. (((H180002908273))) H180002908273ABC4 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. Tc: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 : (614)280-3338 Phone : (954)208-0845 Fax Number \*\*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 ÷ BeiGene USA, Inc. Certificate of Status Ð 20 -00 Certified Copy 1 ä  $\Gamma \eta$ 04 Page Count Ś **...** \$78.75 Estimated Charge Ģ ကို СП 2018 001 Electronic Filing Menu Corporate Filing Menu Help

## 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.

BeiGene USA, In		
(Enter name of co	pporation; must include "INCORPORATED." " rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
(If name unavailab	ele in Florida, enter alternate corporate name ad	dopted for the purpose of transacting business in Florid
Deluware	3	36-4815718
(State or country 7/8/2015	under the law of which it is incorporated)	(FEI number, if applicable)
4.	5	(Date of duration, if other than perpetual)
(Date of	of incorporation)	(Date of duration, if other than perpetual)
5.		
	(Date first transacted business in I	
	(SEE SECTIONS 607.1501 & 607.150	, , , ,
7	., 55 Cambridge Parkway, Suite 700, Cambridg	ge. MA 02124
	(Principa	I office address)
	(Current mailing	g address, if different)
8. Name and street	address of Florida registered agent: (P.O.	. Box <u>NOT</u> acceptable)
Name:	C T Corporation System	
Office Address:	1200 South Pine Island Road	
	Plantation	, Florida _33.3.24
	(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.

Danny Verdecchia 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.

.

.

11. Nai	nes and	business	addresses	oť	officers	and/or	directors:
---------	---------	----------	-----------	----	----------	--------	------------

## A. DIRECTORS

iman:	
e Chairman:	
e Chairman:	
iress:	
cetor:	
cetor:	
tress:	
cector:	
ector:	
ector:	***
dress:	
OFFICERS John Oyler sident: 55 Cambridge Parkway, Suite 700, Cambridge, MA 02124 dress: ce President: dress: Scott Samuels	· <u>}</u>
OFFICERS John Oyler sident: 55 Cambridge Parkway, Suite 700, Cambridge, MA 02124 ress: re President: Gress: Scott Samuels	<u>\</u> 2
John Oyler         sident:	
Scott Samuels	<u>ر کې</u>
e President:	<u>دن</u> دن
dress:	
Scott Samuels	
55 Cambridge Parkway, Suite 700, Cambridge, MA 02124	
Howard Liang	
55 Cambridge Parkway, Suite 700, Cambridge, MA 02124	
dress:	
DTE: If necessary, you may attach an addendum to the application listing additional officers and/or direc	tors.
Signature of Director or Officer	

The officer or director signing this document (and who is listed in number 11 above) aftirms 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. \_\_\_\_\_Scott Samuels - Secretary

ه ۲۰۰۰ ما د میشوند از د

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

To: Page 5 of 5

• •



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEIGENE USA, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2018.

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

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



5781340 8300

SR# 20186679310 You may verify this certificate online at corp.delaware.gov/authver.shtml

of State

Authentication: 203431427 Date: 09-17-18