(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Ćity	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Dod	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer:	

Office Use Only



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O SIMMONS NOV 3 0 2018

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 494222 7451158

AUTHORIZATION : THE STATE OF TH

COST LIMIT : \$ \$ 70.00

ORDER DATE: November 16, 2018

ORDER TIME : 3:46 PM

ORDER NO. : 494222-005

CUSTOMER NO: 7451158

#### FOREIGN FILINGS

NAME: ACCELERON PHARMA INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

## **COVER LETTER**

TO:	Registration Section Division of Corpo				
SUBJ	Acceleron P	harma Inc.			
30130		Name of corpo	oration ·	must include suffix	
Dear S	ir or Madam:				
"Certif	ficate of Existence,'		d Stand	authorization to Transac ling" and check are subi s in Florida.	
Please Jodie Y	•	dence concerning this	matter	to the following:	
	· <del>-</del>	Na Na	me of P	erson	10.2 to 10.2 t
Accele	ron Pharma Inc.	740		eon	
		Firm	n/Comp	oany	
149 Sic	dney Street		•		
			Addres	is	
Cambr	idge, MA 02139				
-		City/S	State an	d Zip code	
jyu@x	lrn.com				
		E-mail address: (to be	used fo	or future annual report n	otification)
For fur	rther information co	ncerning this matter, p	lease ca	all:	
Jodie \	ľu	617 at (		649-9200	
	Name of Person		a Code	Daytime Teleph	none Number
	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on rations enter Circle 2301		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
Enclos	sed is a check for th	following amount:			
<b>□</b> \$70	0.00 Filing Fee (	3 \$78.75 Filing Fee & Certificate of Statu		\$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

Delawa 2.	unavailable în Florida, enter alternate corporate name e3.	27-0072226	Florida)	
(State of 6/13/20) 4.		(FEI number, if applicable)		
4. (Date of incorporation) 5. (Date of duration, if 6.		(Date of duration, if other than perpetua	ıl)	
7	by Street Cambridge, MA 02139	502, F.S., to determine penalty liability)  pal office address)	<b>2</b>	-
	(Current mailir	ng address, if different)	29	! :
	nd street address of Florida registered agent: (P.Comercia)	<u> </u>	40 8 W	_
Office Add			<del>t-</del>	
	<u>Tallahassee</u> (City)	, Florida 32301 (Zip code)		
Having bed designated further agi	red agent's acceptance: In named as registered agent and to accept servi in this application, I hereby accept the appointn ee to comply with the provisions of all statutes r I am familiar with and accept the obligations of Corporation Service Company	nent as registered agent and agree to act in t elative to the proper and complete performa	Itis capaci	ťν.

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.

(Registered agent's signature)

Asst. Vice President

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

	Francois Nader, MD	
	128 Sidney Street Cambridge, MA 02139	
_		_
e Chai	rman;	
-	Jean M. George	
	128 Sidney Street Cambridge, MA 02139	
iress:	,	
ector:	Tom Maniatis, Ph.D.	
	128 Sidney Street Cambridge, MA 02139	N 1
OFFI	CERS Habib J. Dable	; ; ;
	128 Sidney Street Cambridge, MA 02139	
Presid	Kevin F. McLaughlin dent:	
	128 Sidney Street Cambridge, MA 02139	
:tary:	John D. Quisel	
-	128 Sidney Street Cambridge, MA 02139	
surer:		
ess: _		
ΓE: I	f necessary, you may attach an addendum to the application listing additional officers a	and/or directors.
	Kerinf. McLaughli	
office	Signature of Director or Officer or or director signing this document (and who is listed in number 11 above) affirms that d that he or she is aware that false information submitted in a document to the Department of the Departme	the facts stated herein
	F. McLaughlin, CFO and Jenior Vice President	• •
	(Typed or printed name and capacity of person signing application)	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACCELERON 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 SIXTEENTH DAY OF NOVEMBER, 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 SAID "ACCELERON PHARMA INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF JUNE, A.D. 2003.

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

at corn delaware gov/aut

Authentication: 203920180

Date: 11-16-18

3670071 8300 SR# 20187691455