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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETANT OF ALLAHASSEE, FLORIDA

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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Biolender, LLC |
| (Name of Limited Liability Company) |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida |
| Please return all correspondence concerning this matter to the following: |
| YiYi Lam |
| (Name of Person) |
| Accentia Biopharmaceuticals, Inc. |
| (Firm/Company) |
| 324 South Hyde Park Avenue, Suite 350 |
| (Address) |
| Tampa, FL 33606 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| YiYi Lam at (813) 864-2554 Ext. 255 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| MAILING ADDRESS: STREET ADDRESS: |
| Division of Corporations Division of Corporations |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle |
| Tallahassee, FL 32314 Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: \$\Bigsim \mathbb{S} 125.00 \text{ Filing Fee} \Bigsim \mathbb{S} 130.00 \text{ Filing Fee & } \Bigsim \mathbb{S} 155.00 \text{ Filing Fee & } \Bigsim \mathbb{S} 160.00 \text{ Filing Fee, Certificate } \text{ Certified Copy } \text{ of Status & Certified Copy } \tex |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| l. | Biolender, LLC | _ |
|-----|--|----------|
| | (Name of Foreign Limited Liability Company) | |
| | Delaware 3, 20-4685187 | |
| | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | - |
| 4. | March 21, 2006 5. Perpetual | |
| • | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") | - |
| 6. | TAL SEC | |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | -17 |
| 7. | 324 South Hyde Park Avenue, Suite 350 | |
| | Tampa, FL 33606 | |
| | (Street Address of Principal Office) | _ |
| 8. | If limited liability company is a manager-managed company, check here | |
| 9. | The name and usual business addresses of the managing members or managers are as follows: | |
| | | • |
| | Accentia Biopharmaceuticals, Inc., 324 S. Hyde Park Ave., Suite 350, Tampa, FL 33606 | 4 . |
| | Biovest International, Inc., 324 S. Hyde Park Avenue, Suite 350, Tampa, FL 33606 | |
| | | - • |
| | | <u>.</u> |
| 10 | . Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec | ords ir |
| | e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a | |
| tra | nslation of the certificate under oath of the translator must be submitted.) | |
| 11 | . Nature of business or purposes to be conducted or promoted in Florida: Any and all lawful act or act | ivity |
| | for which limited liability company may be formed | |
| | No- | |
| | Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | |
| | James A. McNulty - Secretary for Managing Member, Accentia Biopharmaceuticals, Inc. | |
| | Typed or printed name of signee | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liab | ility Company is: | |
|---------------------------------|-------------------|--|
| Biolender, LLC | | |

2. The name and the Florida street address of the registered agent and office are:

| James A. McNulty, CPA | -4,0 G | • | |
|--|--------|----------|----|
| (Name) | SECRI |) | |
| 324 South Hyde Park Avenue, Suite 350 | HAS | ન . ડ | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | SEE" | <u>-</u> | ED |
| Tampa, FL 33606 FL | FLOR | =: 2 | |
| City/State/Zip | D F | 0 | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOLENDER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5063643

DATE: 09-22-06

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