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SK VENTURES MANAGEMENT, LLC

TYPE OF FILING: APPLICATION BY FOREIGN LLC

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COVER LETTER

TO:		ation Section in of Corporations		
SUBJE	ECT: SI	K Ventures Management, L	LC	
		Nar	ne of Limited Liability Company	<i>y</i>
The en Exister	closed "A	pplication by Foreign Limited Liab heck are submitted to register the al	ility Company for Authorization pove referenced foreign limited I	to Transact Business in Florida," Certificate of iability company to transact business in Florid
Please	return all	correspondence concerning this ma	itter to the following:	
		Julie L. Rogers		
Name of Person				
		Cooley LLP		
Firm/Company				
		3175 Hanover Street		
			Address	
		Palo Alto, CA 94304		
City/State and Zip Code				
		rogersjl@cooley.com		
		E-mail address: (t	o be used for future annual repo	rt notification)
For fur	ther infor	mation concerning this matter, pleas	se cail:	
Julie Rogers		Rogers	* ` \/	43-5294
		Name of Person	Area Code & Daytime Tele	phone Number
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ax 6327 ssee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
		check for the following amou Filing Fee S130.00 Filing Fe Certificate of Stat	e &\$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1 SK Ventures Management, LLC	JOHNE OF FEMALES.
(Name of Foreign Limited Liability Company; must inch	ude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpo- consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.")	ose of transacting business in Florida and attach a copy of the writte emate name. The alternate name must include "Limited Liability
Delaware (Jurisdiction under the law of which foreign limited liability company is organized)	3(FEI number, if applicable)
4. 10/2/2012 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6(Date first transacted business in FI (See sections 608.501 & 608.502 F.S	lorida, if prior to registration.) 6. to determine penalty liability)
7. 6547 Midnight Pass Road, Suite 39	
Siesta Key, Florida 34242 (Street Address	of Principal Office)
8. If limited liability company is a manager-managed	I company, check here
9. The name and usual business addresses of the man	naging members or managers are as follows:
Eric Norlin, 6547 Midnight Pass Road, Suite	39, Siesta Key, Florida 34242
Paul Kedrosky, Ph.D., 6547 Midnight Pass R	Road, Suite 39, Siesta Key, Florida 34242
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be subtracted.)	
11. Nature of business or purposes to be conducted o	r promoted in Florida: manage investments
ora noto 1234 12 2012:	
	ithorized representative of a member.
penalties of perjury that the facts stated herein are tr	cution of this document constitutes an affirmation under the ue. I am aware that any false information submitted in a us a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

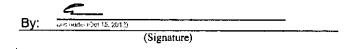
Eric Norlin, Managing Director

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 o	of the Limited Liability Company is:
SK Ventures	Management, LLC
If unavailable,	the alternate to be used in the state of Florida is:
2. The name at	nd the Florida street address of the registered agent and office are:
	Eric Norlin (Name)
	6547 Midnight Pass Road, Suite 39 Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Siesta Key FL 34242 City/State/Zip

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 Stututes.



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

Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SK VENTURES MANAGEMENT, 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 SIXTEENTH DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SK VENTURES MANAGEMENT, LLC" WAS FORMED ON THE SECOND DAY OF OCTOBER, A.D. 2012.

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

5221751 8300

121131602

AUTHENTY CATION: 9917909

DATE: 10-16-12

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