M12000006517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

NOV 26 2012

EXAMINER

600241171496

10/25/12- 01013--018 **160.00

FILED
12 NOV 21 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CS

W12-55216

Provia Laboratories, LLC
99 Hayden Avenue, Suite 380
Lexington, Massachusetts 02421

October 22, 2012

Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Enclosed please find our paperwork & check for our filing fee, certificate of status & certified copy for registration in Florida.

Thank you so much for your assistance. Please contact me if you need any additional information.

Have a wonderful day.

Sincerely,

Leslie Ziarko Valera
Manager, Finance & Operations
Provia Laboratories, LLC
99 Hayden Avenue, Suite 380
Lexington, MA 02421
781.862.0700 x307
lziarkovalera@provialabs.com

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Provia Laboratories, 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:

Leslie A Ziarko Valera
Name of Person

Provia Laboratories, LLC
Firm/Company

99 Hayden Ave, Suite 380
Address

Lexington, MA 02421
City/State and Zip Code

lziarkovalera@provialabs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie A Ziarko Valera at (781) 862-0700 X307
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ $125.00 Filing Fee
- ☐ $130.00 Filing Fee & Certificate of Status
- ☐ $155.00 Filing Fee & Certified Copy
- ☑ $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. Provia Laboratories, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-4185843
(FEI number, if applicable)

4. 04/13/2010
(Date of Organization)

5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Date the application is accepted by FL
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 99 Hayden Ave, Suite 380

Lexington, MA 02421
(Street Address of Principal Office)

FILED
12 NOV 21 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Howard Greenman, 99 Hayden Ave, Suite 380, Lexington, MA 02421

Jeffrey Gruneich, 99 Hayden Ave, Suite 380, Lexington, MA 02421

Peter Verlander, 99 Hayden Ave, Suite 380, Lexington, MA 02421

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

Stem cells service company

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. I am aware that any 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.)

Howard Greenman

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 Liability Company is:

Provia Laboratories, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Traci White
(Name)

16040 LaCosta Drive
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Weston FL 33326
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 Statutes.

Traci White
(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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROVIA LABORATORIES, 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2012.

Jeffrey W. Bullock, Secretary of State

4652115 8300

AUTHENTICATION: 9990870

121231568

DATE: 11-15-12

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