Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

; C T CORPORATION SYSTEM Account Name

Account Number : FCA00000023 Phone : (850)222-1092

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Certificate of Status Certified Copy 1 Page Count 05 Estimated Charge \$155.00

Foreign Limited Liability Company MPM SUNSTATES FUND GP LLC

B. BOSTICK

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AUG 3 0 2013

EXAMINER

CR2E027 (9/10)

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: MPM SunStates Fund GP 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 concurning this matter to the following:

Ansbert Ga	dicke							
<u> </u>								
MPM SunS								
	Firm/Company							
200 Claren								
Boston, MA	02116							
	City/s	State and Zip Code						
Ansbert@M	IPMCapital.com							
	E-mall address: (to be use	d for future annual :	report noti	(Ication)				
or further information concerni	ng this matter, please call:			•	2013 RAL			
Ansbert Gadicke		el (617)	425-9	200	2013 AUG SECRETA			
Name	of Person An	ca Code & Daytime	Telephon	Number	629	i sales		
MAILING ADDRESS Division of Corporation Registration Section	ns Divisi	ET ADDRESS: on of Corporations tration Section			of s	i i		
P.O. Box 6327 Cliffon Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					9: 01 IAIE ORIDA	*		
Enclosed is a check for the		53 444 4A 518		TI OLG GO PIP T	016			
□ \$125.00 Filing Fea	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Cop	•	☐ \$160.00 Filing F of Status & Cert	-			

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LII	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TI	Æ.	STATE OF FLORIDA:	
١.	MPM SunStates Fund GP LLC			
••	(Name of Foreign Limited Liability Company; must incl	ude	"Limited Liability Company," "L.L.C.," or "LLC.")	
cor	name unavailable, enter alternate name adopted for the purposent of the managers or managing members adopting the alternate," "L.L.C." "LLC.")	OSC CIM	of transacting business in Florida and attach a copy of the wr ate name. The alternate name must include "Limited Liability	itten
2. Delaware		3.	38-3868619	
- 7	(Jurisdiction under the law of which foreign (imited liability company is organized)		(FEI number, if applicable)	
4.	02/21/2012	5.		
••	(Date of Organization)	٠.	(Duration: Year limited Hability company will cease to exist or "perpetual")	
6.				
	(Date first transacted business in F (See sections 608.501 & 608.502 F.:			
7.	200 Clarendon Street, 54th Floor			
	Boston, MA 02116		TAL	2613
	(Street Addres	S 0	(Principal Office)	
8.	If limited liability company is a manager-manager	d c	ompany, check here	79
9,	The name and usual business addresses of the ma	naį	- -	
	MPM SunStates GP Managing Member LLC	;	——————————————————————————————————————	Ī
	200 Clarendon Street, 54th Floor		REDE	0
	Boston, MA 02116			
the	. Attached is an original certificate of existence, no more than 9 is jurisdiction under the law of which it is organized. (A photoconstation of the certificate under cath of the translator must be su	opy		ords in
11	. Nature of business or purposes to be conducted	or (promoted in Florida: Manage Venture	
	Capital Investments		.	
	Gente A	la.	dile	
	Signature of a member or an a	utk	norized representative of a member.	
	penalties of perjury that the facts stated herein are t	rue,	tion of this document constitutes an affirmation under the I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.)	
	Ansbert Gadicke, Principa		•	

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 MPM SunStates Fu	Limited Liability Comp	eany is:						
If unavailable, the al	llernate to be used in the	e state of Florida is:						
2. The name and the	Florida street address	of the registered agent and office	arc:					
	СТ	Corporation System	2013 AUG SECRUT TALLAHA					
	(Name)							
	1200 South Pine Island Road							
	Florida Street Address (P.O. Box NOT ACCEPTABLE)							
Plan	atation	FL 33324	E S					
		City/State/7.ip	STAFE STAFE					
liability company at i registered agent and statutes relating to th	the place designated in t agree to act in this capt te proper and complete p	to accept service of process for the this certificate, I hereby accept the acity. I further agree to comply wi performance of my duties, and I an stered agent as provided for in Cha	appointment as th the provisions of all n familiar with and					
	C T Corporati	on System (monitor file	HOÙ					
Ву:	Connie T	on System (nonice Brance)	erokani					
	\$ 100.00	• **;	ing industry					
	\$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered Age Certified Copy (optional) Certificate of Status (optional)						

Delaware

DAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MPM SUNSTATES FUND GP 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-NINTH DAY OF AUGUST, A.D. 2013.

AND I DO HERBBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2013 AUG 29 AH 9: 01
SECRETARY OF STATE
SECRETARY OF STATE

5112638 8300

131038998

You may varify this certificate online at corp.delaware.gov/authvar.shtml

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0700817

DATE: 08-29-13