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TILLU 2014 JUN -3 PM 3: 03 SECHENARY OF STATE

K. SALY EXAMINER JUN 1 2 2014

COVER LETTER

Division of Corporations
SUBJECT: Morphotrust USA, 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:
Elizabeth Probles Name of Person
MorphoTrust USA, LLC
P.O. Box 1267 Address
Canby OR 97013 City/State and Zip Code ecololes O morphotruste Com E-mail addless: (to be used for future annual report notification)
For further information concerning this matter, please call:
Flit Abeth Pobles at (503) 853-3478 Name of Contact 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: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc



December 19, 2013

FILED

2014 JUN -3 PM 3: 03

SLORETARY OF STATE TALLAHASSEE, FLORIDA

Re: Consent to Use of Name

To Whom It May Concern:

MorphoTrust USA, Inc. consents to the use of the similar name, MorphoTrust USA, LLC, by its similarly-named affiliate for purposes of converting the Delaware corporation to a Delaware limited liability company.

Please contact the undersigned at (202) 688-4806 if you have any questions or need any additional information.

Sincerely,

Scott Boylan Secretary

ULW

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Morphotoust USA, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. Do Ja vace (Jurisdiction under the law of which foreign limited liability company is organized) 3. UH-3330515 (FEI number, If applicable)
4. PAGE 1
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 296 Concord Ad Ste 300
Billerica, Ma 0182 (Street Address of Principal Office)
6. P.O. Box 1267
Canby, OR 97013 (Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Probert Fekel, President 2910 Concord Rd Ste 300 Billerica, MA
Scott Boylan, Secretary 1255 Adrid 8+ 8te 100 Washington, DC 20037
Steppery Mappon . Treasurer 296 Concord Rd Ste 300 Billerica, MA 01821:
8. 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)
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true 1 arm aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a \$17.155, F.S.)
Typed of printed name of signer

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:	· 13
Morphotrust USA, LLC.	THE THE
If unavailable, the alternate to be used in the state of Florida is:	THE SEE OF
2. The name and the Florida street address of the registered agent and office are:	3: Or
Corporation Service Company (Name)	-
- Florida Street Address (P.O. Box NOT ACCEPTABLE)	- -
TALLAMASSEE FL 32301	

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 605, Florida Statutes.

(Signature)

Dona L. Priebe, Assistant VP

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

Certified Copy (optional) 30.00

Certificate of Status (optional) 5.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MORPHOTRUST USA, 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 THIRD DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MORPHOTRUST USA, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MAY, A.D. 1996.

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

2591343 8300

140277451

AUTHENTICATION: 1173052

DATE: 03-03-14