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DIVISION OF THE 3: 21

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BioMonde (US) LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate 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:	
Wendy Richter	
Name of Person	
BioMonde (US) LLC	
Firm/Company	
747 SW 2nd Avenue IMB#33, Suite 240	
Address	
Gainesville, FL 32601	
City/State and Zip Code	
wrichter@biomonde.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Wendy Richter 352 294-2894	
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}{c} \\$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	



June 20, 2014

WENDY RICHTER 747 SW 2ND AVE IMB#33, SUITE 240 GAINESVILLE, FL 32601

SUBJECT: BIOMONDE (US) LLC Ref. Number: W14000038677

We have received your document for BIOMONDE (US) LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 414A00013459

DIVISION OF CONFINENCES

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:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1. BioMonde (US) 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 "Liability Company," "L.L.C," or "LLC.")	Limited
2. Delware 3. 37-1757091	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
_{4.} June 10, 2014	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
_{5.} 747 SW 2nd Avenue IMB#33, Suite 240	TA.
Gainesville, FL 32601	01VISION 05 1
(Street Address of Principal Office)	3
6. 747 SW 2nd Avenue IMB#33	PH
Gainesville, FL 32601	ယ္ ့
(Mailing Address)	<u>2</u> 8
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Gareth Kempson, President/CEO	
Wendy Richter, Finance & HR Administrator - CFO	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is no acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation of the 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 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, J.	ot anslator herein are true
Gareth Kempson	

Typed or printed name of signee

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 o	f the Limited Liability	Company is:	
BioMond	le (US) LLC		
If unavailable,	the alternate to be used	d in the state of Florida is:	
2. The name ar	nd the Florida street ad	ldress of the registered agent and office are:	
	Corporation	Service Company	
		(Name)	
	1201 Hays \$	Street	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301	
		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 605, Florida Statutes.

Rosemarie Gagliardino Assistant Vice President

\$ 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 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BIOMONDE (US) 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 TWELFTH DAY OF JUNE, A.D. 2014.

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

5505443 8300

140828707

AUTHENTY CATION: 1449133

DATE: 06-12-14

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