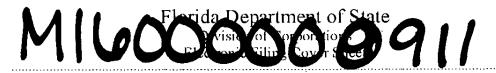
Division of Corporations



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DRosado@opko.com Email Address: 

## Foreign Limited Liability Company **OPKO Pharmaceuticals, LLC**

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

|  | 1  | IN FLORIDA  | я<br>, <del>у</del>  |                                |                      |                |
|--|--|---|--|--------------------------------|----------------------|----------------|
|  | TION 605.0902, FLORIDA STATUTIS '<br>USINESS INTHE STATE OF FLORIDA  | THE FOLLOWING IS  | SUBMITTED TO REGISTER A FO   | WWW. IZV                       | #TF201.1/            | IR]IJTY        |
| OPKO Pharmaceutical  | s, LLC   |   |  |                                |                      |                |
| (Name of For   | eign Limited Liability Company, must   | include Limited Lis                                       | bility Company. "T.L.C.," or "I  | 1.0")                          |                      |                |
| (If name unavailable, enter a Liability Company, "T.L.C.                             | lternate name adopted for the purpose " or "LC.")  |   | ss'hi Florida. The alternate name  | must include                   | : "Limite            | t <b>i</b> .   |
| 2. Delaware  |  | 3. 42-1736957   |  |                                |                      |                |
| (Jurisdiction under the law<br>company is organized)                                 | of which foreign limited liability   |   | (FEI number, if applicable)  |                                |                      |                |
| 4. Upon qualification  |  |   |  |                                |                      |                |
|  | (Date first transacted busines)<br>(See sections 605,0904 & 605.0  | s in Ekurida, il prior to<br>1905, E.S. to determin       | registrational)<br>e penulty liability)  |                                |                      |                |
| 5. 4400 Biscayne Boules  | 'ard   |   |  |                                | r.o                  |                |
| Miami, FL 33137  | <del></del>  |   |  | 24                             | 25                   | e.             |
|  | (Street Address of Pr  | meinal Office)  |  |                                | 177                  |                |
| 6. 4400 Biscayne Bouleva   | ard  |   |  |                                | زرخ<br>ا             | ed or<br>grave |
| Miami, FL 33137  |  | ::<br>:::::::::::::::::::::::::::::::::::                 | دث   |                                |                      |                |
| <del> </del>   | (Mathig A  | Jdress)   |  | ***                            | 7.                   |                |
| 7. Name and street address   | ss of Florida registered agent: (D.C.  | L Boy NOT accept  | table}   |                                | <u> </u>             |                |
|  | Corporation Service Company  | -   |  | ····                           |                      |                |
| Name:  | 1201 Hays Street   |   | ···  | ÷.                             | UT                   |                |
| Office Address:  | 1201 Plays Mileci  |   |  |                                |                      |                |
|  | Tallahassee  |   | Płorida <u>32301</u>   |                                |                      |                |
| Registered agent's accep   | (City)   |   | (Zip code)   |                                |                      |                |
| Having been named as re<br>designated in this applica<br>to complywith the provisi   | egistered agem and to accept servi<br>uton. I hereby accept the appointn<br>ions of all statutes relative to the p<br>my position as registered agent.<br>Corporation Service Company<br>By: | nent as registered a<br>proper and complete<br>Assau \$72 | igent and agree to act in this<br>e performance of my duties, a<br>land: MARIT | capacity. I                    | further              | uxrec          |
|  | Register   | ied agent's signature)<br>en S. Haeseli                   | n Acct V.D   |                                |                      |                |
| 8. The name, title or cap.   | acity and address of the person(s)   | vito ha⊻have author                                       | rity to manage is/are:   |                                |                      |                |
| OPKO Health, Inc. (Auth  | orized Managing-Member)  |   |  |                                |                      |                |
| 4400 Biscayne Boulevard  |  |   |  |                                |                      |                |
| Miami, FL 33137  |  | *,  |  |                                |                      |                |
| 9. Attached is a certificate jurisdiction under the law of the translator must be so | of existence, no more than 90 day<br>of which it is organized, (If the equal<br>abmitted)  | s old, duly anthentic<br>tificate is in a forei           | eated by the official naving cu<br>gn language, a translation of t             | istody of rec<br>he certificat | cords in<br>te under | the<br>the     |
|  | Engo stare o   | of an authorized perso.                                   | u  |                                |                      |                |
| This document is executed  | l in accordance with section 605.02  | 203 (1) (b), Florida:                                     | Statutes. I am aware that any f  | blac inform                    | ation                |                |

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Typed or printed name of vignee

L. Kate Inman

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OPKO PHARMACEUTICALS, 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 FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OPKO PHARMACEUTICALS, LLC" WAS FORMED ON THE NINETEENTH DAY OF MARCH, A.D. 2007.

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

Authentication: 201773080

Date: 02-03-16

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