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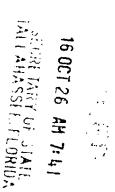
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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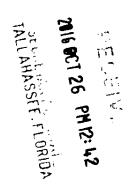
## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2016

F 1 BIOVENTURES LLC 505 S. FLAGLER DRIVE, SUITE 900 WEST PALM BEACH, FL 33401

SUBJECT: F 1 BIOVENTURES LLC

Ref. Number: W16000066881



We have received your document for F 1 BIOVENTURES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 816A00020901

## 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 F1 Bioventures LLC

				nited Liability Compa	iny, L.L.C., or	~LLC. )		
(If name unavailable, enter a Liability Company," "L.L.C	alternate name adopted for	the purpose	of transacting	business in Florida.	The alternate nan	ne must inclu	de "Lin	ited
Delouare	,,			47-47	42140			
(Jurisdiction under the law company is organized)	of which foreign limited [	íabílity	3	(FEI num	ber, if applicable)	i		
4					<u> </u>	<u>-</u>		
	(Date first transactions 605.09	oted busines: 904 & 605.0	s in Florida, i 903, F.S. 10 c	l prior to registration elemnine penalty liab	) ility)			
5505 S. Flagler	r Drive, Suite 900					_		
West Palm Be	each, FL 33401							
	(Street A	ddress of Pr	incipal Office	•)		- <u> </u>		
6,505 S. Flagler	r Drive, Suite 900				·		9 9	
West Palm B	each, FL 33401					<u> </u>	OCT 21	
		(Mailing Ac	ldress)			- 53.32 73.52	26	
7. Name and street addre	ss of Florida registered a	igent: (P.O	. Box NOT	acceptable)			÷	- , •4
Name:	Ronald S. Kochman, 1	-		· · · · · · · · · · · · · · · · · · ·		- <del> </del>	4 7:	* * * * * * * * * * * * * * * * * * *
Office Address:	222 Lakeview Avenue	, Suite 150	0				<u>+</u>	
	West Palm Beach			, Florida_	33401	35		
				, 11011011 _	(7:	•		
	Hance:	(City)			(Zip code)			
Having been named as re lesignated in this applica o complywith the provisi	stance: egistered agent and to action, I hereby accept the ons of all statutes relativ	ccept service appointment of the production of t	ent as regis coper and co	tered agent and ag implete performan	ed limited liabil ree to act in thi	s capacity.	I furth	er agre
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505 S. Flagle	egistered agent and to action, I hereby accept the tons of all statutes relationy position as registered active and address of the prost, Manager or Drive, Suite 900 each, FL 33401	(Registers person(s) wan 90 days	ent as regis roper and co ed agent's sig tho has/have	nature) authority to manage	ed limited liablice to act in this ce of my duties, the is/are:	s capacity.  and I am f	I furth familia	er agre with a
Having been named as redesignated in this applicate to comply with the provision accept the obligations of a Gregory I. From Sob S. Flagle  West Palm B  O. Attached is a certificate urisdiction under the law	egistered agent and to action, I hereby accept the tons of all statutes relationy position as registered accity and address of the prost, Manager er Drive, Suite 900 each, FL 33401  of existence, no more the of which it is organized abmitted)	(Registers) (Registers) (Registers) (Refisters) (Registers) (Registers) (Registers)	ent as regis roper and co ed agent's sig tho has/have	nature) authority to manage the foreign language,	ed limited liablice to act in this ce of my duties, the is/are:	s capacity.  and I am f	I furth familia	er agre with a

Gregory I Frost, PhD

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "F1 BIOVENTURES LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE THIRTIETH DAY OF JULY, A.D. 2015, AT 12:08 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

THY'S OF CO.

Authentication: 203190781

Date: 10-20-16