N1700000598

(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	me)	
(Do	ocument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
	·		

I

Office Use Only



800294885438

17 FEB " | PM |: 37 | 17 FE

ALL ARESSET FORM

FEB 0 2 2017 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NΩ		I2000000195
ACCOUNT	MO.	:	T70000000133

REFERENCE: 492946 8124601

AUTHORIZATION : Indbellenan

COST LIMIT : \$/125.00

ORDER DATE: February 1, 2017

ORDER TIME: 12:05 PM

ORDER NO. : 492946-020

CUSTOMER NO: 8124601

FOREIGN FILINGS

NAME: BIOVERATIV PACIFIC LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

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:

Liability Company," "L.L.C,	•		e must include	"Limi	ted
2. Delaware	3. 30-4	0949542			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)		· · · ·	
4. Upon filing					
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. to	n, if prior to registration.) o determine penalty liability)	•		
5. 225 Second Avenue		, , , , , , , , , , , , , , , , , , , ,	_		
Waltham, MA 02451					
	(Street Address of Principal Off	ice)			
6. 225 Second Avenue			_		
Waltham, MA 02451					
	(Mailing Address)			7 =	
7. Name and street addres	ss of Florida registered agent; (P.O. Box No	OT accentable)		8	
	Corporation Service Company	<u>51-</u> 10000pm010)	67,5 67,5		gr.
Name:				>	100
Office Address:	1201 Hays Street			En	y Pripa.
	Tallahassee	, Florida 32301	<u> </u>		
Registered agent's accep	(City)	(Zip code)		، زمالتم	
designated in this applica to complywith the provisi	gistered agent and to accept service of proction, I hereby accept the appointment as refons of all statutes relative to the proper and my position as registered agent. Corporation Service Company By: (Registered agent's	gistered agent and agree to act in this I complete performance of my duties, COL	s capacity. I	<i>furthe</i> miliar Hiam	r agree with an S
	·				
8. The name, title or capa	acity and address of the person(s) who has/ha	ave authority to manage is/are:			
8. The name, title or capa Bioverativ Therapeuti	• • • •				

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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, F.S.

Matthew Gilman, Assistant Secretary of Bioverativ Therapeutics Inc.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BIOVERATIV PACIFIC 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 FIRST DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIOVERATIV"

PACIFIC LLC" WAS FORMED ON THE FOURTH DAY OF AUGUST, A.D. 2016.

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

at corp.delaware.gov/aut

Authentication: 201965473

Date: 02-01-17

6115336 8300 SR# 20170573388