## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

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# Foreign Limited Liability Company BIOSPARK PILLC

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O; Reg Divi	istration Section ision of Corporations	·		
10. 110.ZYP.	BIOSPARK P LLC			
BJECT:	Name of	Limited Liabilit	y Company	
e enclosed istence, an	"Application by Foreign Limited Liability Compdeheck are submitted to register the above refer	pany for Author enced foreign li	rization to Transact Business in Florida," mited liability company to transact busin	Certific tess in F
ase return	all correspondence concerning this matter to the	following:		
	MUNA ABU-SHAAR			
	. N	ame of Person		•
	BIOSPARK P LLC			
	F	irm/Company		•
	1 BROADWAY, 14TH FLR		,	
		Address		
	CAMBRIDGE, MA 02142			
•	City/S	state and Zip Co	de	•
•	muna@biospark-ip.com			-
	E-mail address: (to be use	d for future ann	ual report notification)	
or further in	iformation concerning this matter, please call:			
MU	'NA ABU-SHAAR	617 ar (	294-6604	_
	Name of Contact Person	· Area Co	de - Daytime Telephone Number	
Divi Reg	ILING ADDRESS: ision of Corporations istration Section		STREET ADDRESS: Division of Corporations Registration Section	
	. Box 6327 ahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	•
	check for the following amount:  125.00 Filing Fee \$\Bigcup \text{Status}\$  Certificate of Status	© \$155.00 P	Filing Fee &	Pertification
	•	I		

APPLICATION BY FU	REIGN LIMITED LIABILITY COMPANY FO IN FLORIDA	OR AUTHORIZATION TO TRANSACT	r business
	TION 605.0002, FLORIDA STATUTES, THE FOLLOWING SINESS IN THE STATE OF FLORIDA:	IS SUBMITTED TO REGISTER A FOREIGN AL	MITED LABILITY
+ - BIOSPARK P ELC ***			
(Name of Foreign	Lumited Liability Company: must include "Limited Liability C		
	nine adopted for the purpose of ministering bisiness in Florida. The altern	sic name must melule "Limited 1 inhility Company," "1.1.C.	normLC(1)
2 MASSACHUSETTS  Uunadunini uncer the law of wi	iich foreign lumied liability company is organizadi	(FFI number, if applicable)	
, 1/25/2018			
4.	Date first transacted business in Elevida, if prior to retestration ) (See sections 605,0904-3, 605,0905; F.S. to describe pepulsy habitations)	dis )	
5 I BROADWAY, 14TI		BROADWAY, 14TH FLR	
(Sitest Address of P CAMBRIDGE, MA 02	nacipal Office)	(Mailing Address) AMBRIDGE, MA 02142	
			<del></del>
			**************************************
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acc	eptable)	
Name:	C T Corporation System		
Office Address:	. 1200 South Pine Island Road		
Critic reductions.	Plantation	, Florida <u>33324</u>	
	(Csty)	(/st code)	
designated in this applica to comply with the provisi and accept the obligation	gistered agent and to accept service of process fo tion. I hereby accept the appointment as registere ions of all statutes relative to the proper and comp s of my position as registered agent.  By:  (Februard agent's signature)	a agent and agree to act in this capacity.	I further agree familiar with
	icity and address of the person(s) who has/have au	thority to manage is/are:	S
Title or Capacity:	Name and Address: Title	or Capacity: Name and Ad	<del>opress:</del>
MANAGER	MUNA ABU-SHAAR  T BROADWAY, 14TH FLR  CAMBRIDGE, MA 02142		
A			
(Use attachments if neces	sary)		
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old, duly authors which it is organized. (If the certificate is in a furthermore)	nticated by the official having custody of reign language, a translation of the certific	ecords in the ate under oath
to. This document is exect submitted in a document to	uted in accordance with section 605,0203 (1) (b), I o the Department of State constitutes a third degree	felony as provided for in s.817.155, F.S.	formation
	muna aby Shake. Signahar of an outrois		
	Signature of an authoriz	d person	
	MUNA ABU-SHAAR		
	Typed or printed name	of signes	



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

January 25, 2018

## TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

## BIOSPARK PILLC

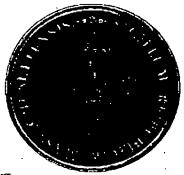
in accordance with the provisions of Massachusetts General Laws Chapter 156C on June 23, 2014.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: MUNA ABU-SHAAR

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: MUNA ABU-SHAAR

The names of all persons authorized to act with respect to real property listed in the most recent filing are: MUNA ABU-SHAAR



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

anin Galein

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