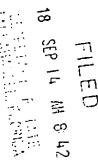
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Charles leathers to Filip Office
Special Instructions to Filing Officer;

Office Use Only



600318511286



09/14/18--01009--004 **280.00



O SIMMONS SEP 1 7 2018

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 9/14/20	<u>18</u>	**WALK IN
ENTITY NAME_	CELLA THERAPEUTICS, LLC	
DOCUMENT NUI	MBER	
	PLEASE FILE THE ATTACHED AND RETURN	
	Plain Copy	
XXXX	Certified Copy Certificate of Status	
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
	ESTINATION	
TOTAL OWED_	\$155.00 CHECK # 5249	
Please call Tin	na at the above number for any issues or concerns. Thank you so	much!

COVER LETTER

TO: Registration Section Division of Corporations	
ALERT BIOSCIENCES LLC	
SUBJECT: Name of	Limited Liability Company
The enclosed "Application by Foreign Limited Liability Comp Existence, and check are submitted to register the above refere	cany for Authorization to Transact Business in Florida, "Certificate of enced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the	following:
Dolores Burton	
×	ame of Person
United Corporate Services, Inc.	
F	irm/Company
100 STATE STREET, SUITE 80	00
	Address
ALBANY, NY 12207	
City/S	itate and Zip Code
ted@vizcayabio.com	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please call:	
	at () Area Code Daytime Telephone Number
Name of Contact Person	at () 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{align*} \Boxed{1} \\$ \$125.00 \text{ Filing Fee} & \Boxed{2} \\$ \$130.00 \text{ Filing Fee} & \Boxed{2} \\$ Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

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:

	Limited Liability Company; must include "Limite			
(If name pravailable, enter alternate to	ame adopted for the purpose of transacting business in Flo	orida. The alternati	rouse must include "Limited Linb	elity Company," "L. I. C," or "LI C,")
2. Delaware		3		cr. (fapplicable)
(Jurisdiction under the law of w	nich föreign limited lisbility company is organized)		(FE.) many	ст, и эррисаотеу
4. Upon filing				
··	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration) ine penulty liabilit	y)	
5 6465 Sunset Drive		6.		
(Street Address of I	rincipal Office)	٠	(Mailing Addr	ess)
Miami, Florida 33143				
				<u> </u>
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acce	ptable)	The second second
Name:	Edward Danse			
Office Address.	6465 Sunset Drive			がみたり
Office Address:				منطقات المستقدات الم المراكب المستقدات ا
	Miami		, Florida 33143	
Registered agent's accep	(City)		(//p coo	7
, ,	s of my position as registered agent. (Registered agent	i signature)		_
8. The name, title or capa Title or Capacity:	acity and address of the person(s) who h Name and Address:	as/have auth Title	ority to manage is/are:	Name and Address:
	Edward Danse			
Manager	6465 Sunset Drive		_ _	
	Miami. Florida 33143	-		
				
(Use attachments if neces	ssary)			
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old of which it is organized. (If the certifica ubmitted)	, duly authen ite is in a for	ticated by the official ha	iving custody of records in the ion of the certificate under oath
10. This document is executed in a document to	cuted in accordance with section 605,020 to the Department of State constitutes a d	03 (1) (b), Floring depression for the state of the state	orida Statutes. I am awai elony as provided for in	re that any false information s.817.155, F.S.
	Signatur	of an authorized	Destros	
	Sig-side		ra: =	
	Edward Danse			
		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 "CELLA THERAPEUTICS 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CELLA THERAPEUTICS LLC" WAS FORMED ON THE TENTH DAY OF AUGUST, A.D. 2018.

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

Authentication: 203418205

Date: 09-13-18

7011207 8300

SR# 20186649149