

6/25/2021

Division of Corporations

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Florida Department of State
Division of Corporations
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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
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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2021 JUN 28 AM 9:50

**Foreign Limited Liability Company
Viropharma Biologics LLC**

Certificate of Status	0
Certified Copy	1
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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. ViroPharma Biologics LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 06-1708300

(FEI number, if applicable)

4. 300 Shire Way

(Do not list vacated business in Florida if prior to registration.
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. 300 Shire Way

(Street Address of Principal Office)

Lexington, MA 02421

6. 300 Shire Way

(Mailing Address)

Lexington, MA 02421

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

33324

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Stephen Rullis

C T Corporation System

(Registered agent's signature)

Stephen Rullis, VP & Asst. Secy.

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2021 JUN 28 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FL

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Jason Baranski	<input checked="" type="checkbox"/> Manager	Name: Fabien Dubois
<input type="checkbox"/> Member	Address: 300 Shire Way	<input type="checkbox"/> Member	Address: 300 Shire Way
<input type="checkbox"/> Authorized	Lexington, MA 02421	<input type="checkbox"/> Authorized	Lexington, MA 02421
Person	Manager	Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Takeda Holdings U.S.A., Inc	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 95 Hayden Ave.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Lexington, MA 02321	<input type="checkbox"/> Authorized	_____
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Krista Fiedler

Signature of an authorized person

Krista Fiedler

Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIROPHARMA BIOLOGICS 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 TWENTY-FIRST DAY OF JUNE, A.D. 2021.

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



3683935 8300

SR# 20212506336

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "JEFFREY W. BULLOCK, Secretary of State" is printed in a small font.

Authentication: 203494213

Date: 06-21-21