

ma1000013157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

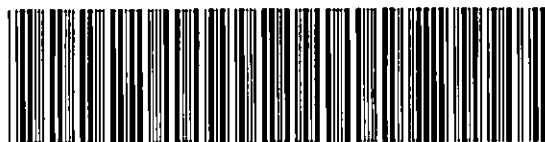
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 OCT -5 PM 3:25  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED  
2021 OCT -5 PM 12:03  
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 071965 8093951  
AUTHORIZATION :   
COST LIMIT : \$ 130.00

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ORDER DATE : October 4, 2021  
ORDER TIME : 9:26 AM  
ORDER NO. : 071965-005  
CUSTOMER NO: 8093951

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FOREIGN FILINGS

NAME: EMERGENT MANUFACTURING  
OPERATIONS BALTIMORE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Emergent Manufacturing Operations Baltimore LLC  
\_\_\_\_\_

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Elizabeth Petrone

\_\_\_\_\_  
Name of Person

c/o Emergent BioSolutions Inc.

\_\_\_\_\_  
Firm/Company

400 Professional Drive, Suite 400

\_\_\_\_\_  
Address

Gaithersburg, Maryland 20879

\_\_\_\_\_  
City/State and Zip Code

PetroneL@ebsi.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Petrone

240

631-3200

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
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:*

1. Emergent Manufacturing Operations Baltimore LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Delaware 3. 27-0887093  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 5901 East Lombard Street 6. 400 Professional Drive, Suite 400  
(Street Address of Principal Office) (Mailing Address)

Baltimore, MD 21224 Gaithersburg, MD 20879

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee 32301  
(City) (Zip code)  
Florida

FILED  
2021 OCT -5 PM 3:25  
TALLAHASSEE, FL

**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.*

Arnell Weiland, assistant vice president  
(Registered agent's signature)

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]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Adam Havey  
3500 N MLK Blvd.  
☐ Member Address:   
Lansing, Michigan 48906  
☐ Authorized   
Person   
☐ Other ☐ Other

☒ Manager Name: Atul Saran  
400 Professional Drive  
☐ Member Address:   
Suite 400  
☐ Authorized   
Person Gaithersburg, Maryland 20879  
☐ Other ☐ Other

☒ Manager Name: Daniel Woubishet  
400 Professional Drive  
☐ Member Address:   
Suite 400  
☐ Authorized   
Person Gaithersburg, Maryland 20879  
☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Richard Lindahl  
400 Professional Drive  
☐ Member Address:   
Suite 400  
☐ Authorized   
Person Gaithersburg, Maryland 20879  
☐ Other ☐ Other

☒ Manager Name: Brian Millard  
400 Professional Drive  
☐ Member Address:   
Suite 400  
☐ Authorized   
Person Gaithersburg, Maryland 20879  
☐ Other ☐ Other

☒ Manager Name: S. Scott Lieberman  
400 Professional Drive  
☐ Member Address:   
Suite 400  
☐ Authorized   
Person Gaithersburg, Maryland 20879  
☐ Other ☐ 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.

*Daniel Woubishet*

(Electronic only signed by  
Daniel Woubishet  
Reason: I approve this  
document  
Date: Oct 1, 2011 13:46 EDT)

Signature of an authorized person

Daniel Woubishet

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMERGENT MANUFACTURING OPERATIONS BALTIMORE 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 FOURTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMERGENT MANUFACTURING OPERATIONS BALTIMORE LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2009.

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



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

4707230 8300

SR# 20213419985

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204319474

Date: 10-04-21

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of Status & Certified Copy