Secretary of State

LLC-5

Application to Register a Foreign Limited Liability Company (LLC)

-FILED-

For Office Use Only

B3319-2869

01/10/2025

File No.: 202565317750 Date Filed: 1/10/2025

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov/.

nttps://www.nb.ca.gov/.	This Space For Office Use Only		
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	d Certificate of Goo	d Standing.)	
BIOVEX LLC			
1b. California Alternate Name, If Required (Only enter an alternat	te name if the LLC	name in 1a not available in California	i.)
NEW WALLE			<u> </u>
LLC Jurisdiction (Ensure that the jurisdiction matches the attached Communication)	Codificate of Cood	Ctanding \	
a. Jurisdiction (State, foreign country or place where this LLC is formed.)	Ceruncate of Good	Standing.)	
DELAW	VADE		
	VARE		
b. Authority Statement (Do not alter Authority Statement)	:	f	and in Hann On
This LLC currently has powers and privileges to conduct busine		·····	
Business Addresses (Enter the complete business addresses, Iter	ms 3a and 3b cann	ot be a P.O. Box or "in care of" an inc	•
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		Zip Code
One Amgen Center Drive	Thousand (Daks CA	91320
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviat	ions) State	Zip Code
One Amgen Center Drive	Thousand Oaks CA 91320		
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	∕ 3a		
Mailing Address - if different than item 3a or 3b City (no abbreviation		ions) State	Zip Code
			ĺ
4. Service of Process (Must provide either Individual OR Corporation.))		
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full r	name and Californi	a street address.	
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffic
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviat		Zip Code
		CA	
CORPORATION - Complete Item 4c only. Only include the name of the r	registered agent Co	rporation.	
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not	t complete Item 4a o	г4b	
Corporation Service Company Which Will Do Business In Californ	rnia As CSC - L	awyers Incorporating Service	
5. Read and Sign Below (Title not required.)			
			

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign on behalf of the foreign LLC.

Signature

Lisa Gruber

Type and Print Name

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "BIOVEX 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 TENTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIOVEX LLC" WAS FORMED ON THE FIRST DAY OF OCTOBER, A.D. 2004.

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



Authentication: 202665133

Date: 01-10-25