

138391



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

INO Therapeutics LLC (110) 109792

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

INO Therapeutics Rhode Island LLC (110) 10322 and comment of Secretary

3. The limited liability company is organized under the laws of Delaware

4. The date of its organization is 11/05/2003

5. The period of duration of the limited liability company is (if perpetual, so state) perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

170 Westminster Street, Suite 900 Providence, RI 02903
(Street Address, not P.O. Box) (City/Town) (Zip Code)

and the name of the resident agent at such address is Corporation Service Company
(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

6 State Route 173 Clinton, NJ 08809

9. The mailing address for the limited liability company is:

6 State Route 173 Clinton, NJ 08809

FILED

MAR 04 2004

By [Signature] C224790

Jan 26 1 28 PM '04

Jan 26 1 00 PM '04

10. The limited liability company is to be managed by:

(Check one box only)

its members or by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager:

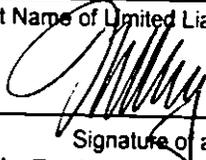
<u>Manager</u>	<u>Address</u>

12. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 1-15-04

INO Therapeutics LLC
Print Exact Name of Limited Liability Company Making Application

By 
Signature of authorized person
Patrick F. Murphy Pres. Linde Gas LLC, Member

NATURE OF BUSINESS

INO Therapeutics LLC:

A manufacturer and distributor of pharmaceutical inhaled nitric oxide and other pharmaceutical drugs and products, as well as related equipment and supplies, and a conductor of clinical research and development activities.

To Whom It May Concern:

INO Therapeutics LLC and INO Therapeutics, Inc. are affiliated companies and are under common control.

INO Therapeutics, Inc. hereby grants consent for INO Therapeutics LLC to adopt and use the name "INO Therapeutics Rhode Island LLC."

INO THERAPEUTICS, INC.

By:  ELIZABETH LARIKIN

Title: TREASURER • SECRETARY

An Authorized Officer

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INO THERAPEUTICS LLC" IS DJLY 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 SIXTEENTH DAY OF JANUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INO THERAPEUTICS LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3724403 8300

AUTHENTICATION: 2876439

040035892

DATE: 01-16-04