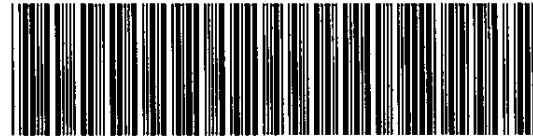


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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

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D. SCOTT

JAN 13 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Parvus Therapeutics Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jord Cowan

Name of Person
Parvus Therapeutics Inc.
Firm/Company
119, 3553 31st Street NW
Address
Calgary, Alberta, Canada, T2L 2K7
City/State and Zip code
jcowan@parvustherapeutics.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jord Cowan	403	708-3401
Name of Person	Area Code	Daytime Telephone Number

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**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Parvus Therapeutics Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

802166090  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Alberta, Canada 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 21, 2009 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 119, 3553 31st Street NW, Calgary, Alberta, Canada T2L 2K7  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Janice M. LeCocq

Office Address: 9681 Wawbeek Road

Century, Florida 32535  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

Janice M. LeCocq  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Janice M. LeCocq  
9681 Wawbeek Road  
Address: Century, FL 32535

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: Susan K. Clymer  
Address: 623, 2275 Broadway  
San Francisco, CA. 94115

Director: Pedro Santamaria  
Address: 6923 Christie Estates Blvd. SW  
Calgary, Alberta, T3H 2S3, Canada

**B. OFFICERS**

President: Janice M. LeCocq  
Address: 9681 Wawbeek Road  
Century, FL 32535

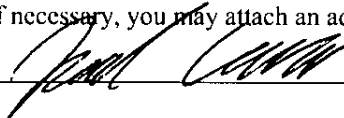
Vice President: Susan K. Clymer  
Address: 623, 2275 Broadway  
San Francisco, CA. 94115

Secretary: Jord Cowan  
Address: 36 Fairview Cr. SE, Calgary, Alberta, T2H 0Z6 Canada

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Jord Cowan, VP of Operations  
(Typed or printed name and capacity of person signing application)

Addendum:

· Directors:

Director - Pere Santamaria  
Address: 6923 Christie Estates Blvd. SW  
Calgary, Alberta, T3H 2S3, Canada

· Director - Stephen W. Zaruby  
Address: 17455 NE 166th Place  
Woodinville, WA 98072

Director - Kenneth Porter  
Address: 2602-1118 12 Avenue SW  
Calgary, Alberta, T2R 0P4, Canada

· Officers:

Chief Scientific Officer - Pere Santamaria  
Address: 6923 Christie Estates Blvd. SW  
Calgary, Alberta, T3H 2S3, Canada

Vice President of Operations - Jord Cowan  
Address: 36 Fairview Crescent SE  
Calgary, Alberta, T2H 0Z6 Canada

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**NOTARIAL CERTIFICATE**

CANADA )  
 )  
Province of Alberta )  
 )  
TO WIT )

I, SCOTT M. REEVES of the City of Calgary in the Province of Alberta, a Notary Public by royal authority duly appointed, DO CERTIFY that the paper writing hereto annexed is an original document entitled **CERTIFICATE OF STATUS FOR PARVUS THERAPEUTICS INC.** dated December 29, 2016, that was downloaded from the Registrar of the Government of Alberta and produced to me, an act whereof being requested, I have granted under my notarial seal of office to serve as occasion shall or may require:

IN TESTIMONY WHEREOF I have hereunto subscribed my name and affixed my seal of office at the City of Calgary in the Province of Alberta, this 5th day of January, 2017.



A Notary Public in and for  
the Province of Alberta  
SCOTT M. REEVES

**SCOTT M. REEVES**  
*Barrister & Solicitor*

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TALLAHASSEE, FLORIDA

# CERTIFICATE OF STATUS

Form 32

I CERTIFY THAT ACCORDING TO THE OFFICIAL RECORDS OF THE  
CORPORATE REGISTRY

PARVUS THERAPEUTICS INC.  
INCORPORATED IN ALBERTA ON 2009/04/21  
IS AS OF THIS DATE A VALID AND SUBSISTING CORPORATION.

GIVEN UNDER MY SEAL OF OFFICE IN THE PROVINCE OF ALBERTA:

DATED: 2016/12/29



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