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PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
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DEPARTMENT OF SIME

MAY 1 5 2017

Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 638154 7650958

AUTHORIZATION : OFFICE A

COST LIMIT : \$ 70.00

ORDER DATE: May 11, 2017

ORDER TIME : 10:05 AM

ORDER NO. : 638154-005

CUSTOMER NO: 7650958

FOREIGN FILINGS

NAME: CASTLE BIOSCIENCES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO: Registration Sec Division of Cor					
Castle Bio	osciences, Inc.				
SUBJECT.	Name of corpora	tion - must	include suffix		
Dear Sir or Madam:					
"Certificate of Existence	on by Foreign Corporation " or "Certificate of Good corporation to transact bu	Standing" a	nd check are sul		
Please return all corresp Derek Maetzold	ondence concerning this ma	atter to the f	ollowing:		
	Name	of Person			
Castle Biosciences, Inc.					
	Firm/C	Company			
820 S. Friendswood Dr. S	te 201				
,	A	ddress			
Friendswood , TX 77546					
mentionists in	Cîty/Sta	te and Zip e			
dmaetzold@castlebioscier	ices.com				
	E-mail address; (to be us	sed for futur	e annual report	notification)	
For further information	concerning this matter, plea	ise call:			
	at ()			
Name of Persor	Area C	Code	Daytime Telep	hone Number	
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 t	he following amount:				
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	S87.50 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.

ices Inc		
corporation; must include "INCORPORATED," "Corp.," "Inc.," "Co.," or "Corp.,")	'OMPANY," "CORPORATIO	ν."
·	•	•
e of incorporation)	(Date of duration, if other	than perpetual)
(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, and Dr. Suite 201, Friendswood, TX 77546	orida, if prior to registration)	
(Principal o	ffice address)	
		17 MAY 12 &
1201 Hays Strect	_	
Tallahassee);
ent's acceptance: ned as registered agent and to accept service of application. I hereby accept the appointment omply with the provisions of all statutes relational with and accept the obligations of my forporation.	of process for the above state t as registered agent and agr ive to the proper and comple to position as registered agen	ree to act in this capacity. The performance of my
	corporation; must include "INCORPORATED," "Corp." "Inc." "Co." or "Corp.") able in Florida, enter alternate corporate name ado 3. gry under the law of which it is incorporated) (Date first transacted business in Florida registered agent: (P.O. B. (Current mailing acceptance) (City) ent's acceptance: acceptance: application, I hereby accept the appointment amply with the provisions of all statutes relationalities and accept the abligations of my	corporation; must include "INCORPORATED," "COMPANY," "CORPORATIO," or "The," "Co." or "Corp.") able in Florida, enter alternate corporate name adopted for the purpose of transaction. 3.

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.

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

A. DIR	ECTORS			
Chairman				
Address:				
Vice Chai	irman:			
Address:			· 	
Address:				
Director:				
		- 		
B. OFF	Derek Maetzold	-	17	
President:		2 10 1 14 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3	;
Address:	2014 San Miguel Dr	<u> </u>		,
	Friendswood TX 77546	-	<u> </u>	
Vice Presi	ident;	5:.	Ç.	, salarer,
		<u> </u>	<u>t</u>	· · · · · · · · · · · · · · · · · · ·
		a ii u aasar uguqoquuu n.		
Secretary:				
Address ^e				
Treasurer:				
Address:				
NOTE:	If naturally you may attach an addendum to the application listing additional officers and/	or direct	OFS.	
14.	Signature of Director or Officer			
are true a	er of director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department agree felony as provided for in s.817.155, F.S.			
13. Dere	k Maetzold			
	(Typed or printed name and capacity of person signing application)			

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CASTLE BIOSCIENCES, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CASTLE BIOSCIENCES, INC." WAS INCORPORATED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2007.

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

Authentication: 202526378

Date: 05-11-17

4422065 8300 SR# 20173389362