Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000073163)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

: (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION

Akebia Therapeutics, Inc.

Certificate of Status	0
Certified Copy	Û
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of c	orporation; must include "INCORPORATED," "	COMPANY," "CORPORATION,"	
	orp," "Inc," "Co," or "Corp.")		
	ible in Florida, enter alternate corporate name ado		iness in Florida)
Delaware		-8756903	
(State or normal	y under the law of which it is incorporated)	(FEI number, it applies	
02/27/2007	y inder the law of which it is incorporated)	(112) hamber, if applied	,,,,,
	5		
(Date	of incorporation) 5.	(Date of duration, if other than)	perpetual)
Upon qualiticati			
	(Date first transacted business in Fi (SEE SECTIONS 607-1501 & 607.1502		
245 First Street ('ambridge, MA 02142	, i.v., where think penalty racting)	
	(Principal	office address)	
			<u></u>
	(Current mailing	address, if different)	
		idiness, ii dinerent)	<i>>></i> ≥ :
	(Carea manage		± m ←=
	(Curein manag		JAN -
Name and stre	et address of Florida registered agent: (P.O. 1		第-7
Name and stre	·		
Name and stree	et address of Florida registered agent: (P.O. l CT Corporation System		が変し
Name:	et address of Florida registered agent: (P.O. 1		が変し
	et address of Florida registered agent: (P.O. I CT Corporation System 1200 South Pine Island Road	Box <u>NOT</u> acceptable)	が変し
Name:	et address of Florida registered agent: (P.O. l CT Corporation System	33324	-7 PM L
Name:	et address of Florida registered agent: (P.O. I CT Corporation System 1200 South Pine Island Road	Box <u>NOT</u> acceptable)	

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.

James M. Halpin
Assistant Secretary

10. Attached is a leftificate 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. DIRECTORS SEE ATTACHED LISTING OF DIRECTORS AND OFFICERS Address: ____ Vice Chairman: Address: _____ Director: ____ Address: B. OFFICERS SEE ATTACHED LISTING OF DIRECTORS AND OFFICERS President: Vice President: ______ Address: _____ Secretary: _

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

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. Nicole R. Hadas, SVP, General Counsel and Secretary

Treasurer: ___

Address: _______

Akebia Therapeutics, Inc. Directors and Officers

Director Name	Address	77 A A A A A A A A A A A A A A A A A A	60
Adrian Adams, Chairperson	245 First Street Cambridge, MA	02142	
John P. Butler	245 First Street Cambridge, MA	02142	
Scott A. Canute	245 First Street Cambridge, MA	02142	
Mark J. Enyedy	245 First Street Cambridge, MA	02142	
Steven C. Gilman	245 First Street Cambridge, MA	02142	
Maxine Gowen	245 First Street Cambridge, MA	02142	
Michael T. Heffernan	245 First Street Cambridge, MA	02142	
Jodie Morrison	245 First Street Cambridge, MA	02142	
Michael Rogers	245 First Street Cambridge, MA	02142	
Cynthia Smith	245 First Street Cambridge, MA	02142	

Officer Name	Title	Address
John P. Butler,	President and CEO	245 First Street Cambridge, MA 02142
Jason A. Ameilo	SVP, CFO and Treasurer	245 First Street Cambridge, MA 02142
Nicole R. Hadas	SVP, General Counsel and Secretary	245 First Street Cambridge, MA 02142



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AKEBIA THERAPEUTICS, 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 FOURTH DAY OF JANUARY, A.D. 2019.

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

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

You may verify this certificate online at corp.delaware.gov/authver.shtml

4308099 8300

SR# 20190063166

Authentication: 202019370

Date: 01-04-19