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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

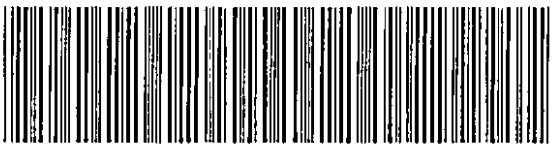
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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APR 28 2020

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 4/27/2020 **PRIORITY** Routine **OUR REF # (Order ID#)** 824057

ORDER ENTITY
ORAMED PHARMACEUTICALS INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

ORAMED PHARMACEUTICALS INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized
Email address for annual report reminders: jay.zhang@usa-corporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



4036 07 1007

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. ORAMED PHARMACEUTICALS INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

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

2. DELAWARE 3. 98-0376008
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/10/2011 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. 1185 AVENUE OF THE AMERICAS, NEW YORK, NY 10036
(Principal office street address)

(Current mailing address, if different)

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

Name: Incorporating Services Ltd.

Office Address: 1540 Glenway Drive

Tallahassee, Florida 32301
(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.

Melissa Stys
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

REC-27 11 5:34

A. DIRECTORS

Chairman Name: Nadav Kidron
 Vice Chairman Address: _____
 Director 3395 SW 49th Street
 President Fort Lauderdale, FL 33312
 Vice President US
 Secretary Treasurer
 Other CEO Other _____

Chairman Name: Miriam Kidron
 Vice Chairman Address: _____
 Director 2 Elza Street
 President Jerusalem, Israel 93706
 Vice President _____
 Secretary Treasurer
 Other Chief Scientific Officer Other _____

Chairman Name: Kevin Rakin
 Vice Chairman Address: _____
 Director 36 Church Lane
 President Westport, CT 06880
 Vice President US
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Aviad Friedman
 Vice Chairman Address: _____
 Director 6 Hadassa St.
 President Tel-Aviv, Israel 6451306
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Gao Xiaoming
 Vice Chairman Address: _____
 Director 11F. No 266 Hankou Road
 President Huangpu District
 Vice President Shanghai, China 200001
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Arie Mayer
 Vice Chairman Address: _____
 Director 16 Moran Street
 President Kfar Saba, Israel 4428890
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Ari Gabay
 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. Avraham Gabay, Chief Financial Officer
 (Typed or printed name and capacity of person signing application)

Director:

Leonard Sank

3 Blair Road

Cape Town, South Africa 8005

Chief Financial Officer:

Avraham Gabay

Hi-Tech Park 2/4 Givat-Ram

Jerusalem, Israel 91390

Chief Operating & Business Officer

Joshua Hexter

9 Alfasi St.

Jerusalem, Israel 92302

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Delaware

The First State

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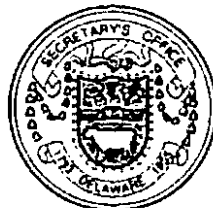
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORAMED PHARMACEUTICALS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORAMED PHARMACEUTICALS INC." WAS INCORPORATED ON THE TENTH DAY OF MARCH, A.D. 2011.

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

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SR# 20203167236

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202830891

Date: 04-27-20