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COVER LETTER

_	stration Section ion of Corporations			
SUBJECT:	Bavarian Nordic Inc			
50502011	Name of	corporation	- must include suffix	
Dear Sir or M	ladam:			
"Certificate o		f Good Stand	Authorization to Transact Business in Flording" and check are submitted to register tes in Florida.	
Please return	all correspondence concerning	g this matter	to the following:	
Andrea Johnso	n			
		Name of I	Person	
Bavarian Nord	ic Inc			
		Firm/Com	pany	
3025 Carringto	on Mill Blvd, Suite 100			
		Addre	SS	
Morrisville N	C 27502			
		City/State ar	nd Zip code	
andrea.johnsor	n@bavarian-nordic.com			
	E-mail address:	(to be used for	or future annual report notification)	-,5
For further in	formation concerning this ma	tter, please c	all:	
Andrea Johnson	on a	984 at (218.4369 Daytime Telephone Number	
Nam	e of Person	Area Code	Daytime Telephone Number	•
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amounted payable to: FLORIDA DEI ing Fee	PARTMENT Fee &	OF STATE \$78.75 Filing Fee & Certificate of Certificate of Certified Co	of Status &

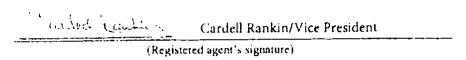
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

	orporation; must include "INCORPORATES up," "Inc," "Co," or "Corp ")	O," "COMPANY," "CORPORATION,"	
inc, Cu, Co	up) the," Co, or Com)		
·			
(If name unavail. Di:	ible in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in 20-2561827	Plonda)
	y under the law of which it is incorporated)	(FEI number, if applicable)	
3 JAN 2005	,	nemetical	
(Date	of incorporation)	(Date of duration, if other than perpetual)
Bavariun Nordic	Inc empoyee hired, home-based in FL6 M	AR 2020	
·	•	in Florida, if prior to registration)	
3025 Carring	ton Mill Blvd, Suite 100 Morrisville	1502, F.S., to determine penalty liability) NC 27560	
	(Principal o	flice street address)	
SAME as p	rincipal office address		-
	(Current mai	ing address, if different)	
. Name and stree	t address of Florida registered agent: (P	.O. Box <u>NOT</u> acceptable)	•
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation	. Florida ³³³²⁴	
	(City)	(Zip code)	

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 um familiar with and accept the obligations of my position as registered agent.



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):

A. DIRECTORS Paul Chaplin ■Chairman Name: □ Chairman Name: _____ Philip Heymans Alle 3 □Vice Chairman Address: ☐Vice Chairman Address: 2900 Hellerup, Denmark □ Director □Director □President ☐ President ☐ Vice President ___ □Vice President □ Secretary ☐ Treasurer ☐ Secretary Treasurer ☐Other ____ Other ____ □Other _____ Other _____ Henrik Juuel Name: □Chairman □ Chairman Name: Philip Heymans Alle 3 □Vice Chairman Address: □Vice Chairman Address: 2900 Hellerup, Denmark ☐Director □Director □President ☐ President □Vice President □Vice President □ Secretary []Treasurer ☐ Sccretary ☐ Treasurer (CFO) CFO □Other ____ □Other _____ []Other _____ Troels Winkelmann □ Chairman Name; □Chairman Philip Heymans Alle 3 ☐Vice Chairman Address: □Vice Chairman Address: _____ 2900 Hellerup, Denmark Director □Director ☐ President □President □Vice President _____ ☐Vice President **■**Secretary ☐ Treasurer ☐ Secretary ☐Treasurer □Other _____ □Other ____ □Other ____ 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. 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. Troels Winkelmann, Corporate Secretary

(Typed or printed name and capacity of person signing application)

Page 1



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

DELAWARE, DO HEREBY CERTIFY "BAVARIAN NORDIC 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-FIFTH DAY OF JANUARY, A.D.

2021.

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.

Authentication: 202363124

Date: 01-25-21

3906219 8300 SR# 20210217902

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