

F21000005011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

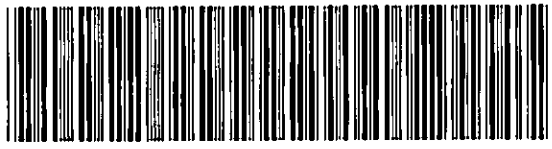
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



600370770826

FILED
21 AUG 30 PM 2:41
STATE OF ARIZONA
DEPARTMENT OF REVENUE

RECEIVED
2021 AUG 30 PM 3:33
ARIZONA DEPARTMENT OF REVENUE

Handwritten signature and date 8/31/21

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/30/2021

****WALK IN****

ENTITY NAME MAIA Biotechnology, Inc.

DOCUMENT NUMBER L20000067246

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

ACCOUNT #: I20160000072

E. R. H. W.

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAIA Biotechnology, 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:

S. Amspacher

	Name of Person
Harbor Compliance	Firm/Company
1830 Colonial Village Ln	Address
Lancaster, PA 17601	City/State and Zip code
professional@harborcompliance.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

S. Amspacher	at (717)	431-9404	
Name of Person		Area Code		Daytime Telephone Number	

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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. MAIA Biotechnology, 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. 83-1495913
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 3, 2018 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. August 16, 2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 444 West Lake Street, Suite 1700, Chicago, IL 60606
(Principal office street address)

(Current mailing address, if different)

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

Name: Registered Agents Inc.
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(City) (Zip code)

FILED
21 AUG 30 PM 2:41

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.

Bill Havre
Registered Agents Inc.
Bill Havre - Assistant Secretary
(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]:

A. DIRECTORS

Chairman Name: Dr. Vlad Vitoc
 Vice Chairman Address: 444 W. Lake St., Suite 1700
 Director Chicago, IL 60606
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Dr. Sergei Gryaznov
 Vice Chairman Address: 444 W. Lake St., Suite 1700
 Director Chicago, IL 60606
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

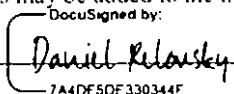
Chairman Name: Daniel Louis Relovsky
 Vice Chairman Address: 444 W. Lake St., Suite 1700
 Director Chicago, IL 60606
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other COO _____ Other _____

Chairman Name: Charlotte Tsou
 Vice Chairman Address: 444 W. Lake St., Suite 1700
 Director Chicago, IL 60606
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Christian Luput
 Vice Chairman Address: 444 W. Lake St., Suite 1700
 Director Chicago, IL 60606
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Laurentiu Vlad
 Vice Chairman Address: 444 W. Lake St., Suite 1700
 Director Chicago, IL 60606
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 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.

12.  _____
7A4DF50E330344F 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. Daniel Louis Relovsky, Vice President

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

Directors Addendum

Leigh-Ann Durant (Director)
444 W. Lake St., Suite 1700
Chicago, IL 60606

Ms. Adelina Louis (Director)
444 W. Lake St., Suite 1700
Chicago, IL 60606

Ramiro Guerrero (Director)
444 W. Lake St., Suite 1700
Chicago, IL 60606

Stan Smith (Director)
444 W. Lake St., Suite 1700
Chicago, IL 60606

Tzi-Liang Chiam (Director)
444 W. Lake St., Suite 1700
Chicago, IL 60606

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "MAIA BIOTECHNOLOGY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE THIRD DAY OF AUGUST, A.D. 2018, AT 4:37 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FIFTH DAY OF JUNE, A.D. 2019, AT 9:20 O`CLOCK A.M.

RESTATED CERTIFICATE, FILED THE THIRTEENTH DAY OF MARCH, A.D. 2020, AT 1:44 O`CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE EIGHTEENTH DAY OF MAY, A.D. 2021, AT 3:49 O`CLOCK P.M.

CERTIFICATE OF OWNERSHIP, FILED THE THIRTEENTH DAY OF AUGUST, A.D. 2021, AT 1:17 O`CLOCK P.M.



7003745 8310

SR# 20213011901

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203947855

Date: 08-18-21

Delaware

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The First State

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE
AFORESAID CORPORATION, "MAIA BIOTECHNOLOGY, INC.".

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.



7003745 8310

SR# 20213011901

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