

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOVOLYZE 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:

EMILIE COTE

Name of Person

NOVOLYZE INC.

Firm/Company

185 ALEWIFE BROOK PARKWAY, SUITE 210

Address

CAMBRIDGE, MA 02138

City/State and Zip code

EMILIE.COTE@ZEDRA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMILIE COTE at (617) 576-2005
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**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$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. NOVOLYZE INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")

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

2. DELAWARE 3. 35-2545637
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-28-2015 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. 7315 WISCONSIN AVE, SUITE 550 E, BETHESDA, MD 20814
(Principal office street address)
185 ALEWIFE BROOK PARKWAY, SUITE 210, CAMBRIDGE, MA 02138
(Current mailing address, if different)

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

Name: C T CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION Florida 33324
(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.

Margaret E Routzahn

(Registered agent's signature) Margaret E. Routzahn, Ass't Secretary

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]:

2022 FEB 20 11:11:39

A. DIRECTORS

Chairman Name: KARIM-FRANCK KHINOUCHE
 Vice Chairman Address: 7315 WISCONSIN AVE
 Director SUITE 550 E
 President BETHESDA, MD 20814
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: DELPHINE DE LA BROSSE
 Vice Chairman Address: 7315 WISCONSIN AVE
 Director SUITE 550 E
 President BETHESDA, MD 20814
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: ALEXANDRA SUHAS
 Vice Chairman Address: 185 ALEWIFE BROOK PKY
 Director SUITE 210
 President CAMBRIDGE, MA 02138
 Vice President _____
 Secretary Treasurer
 Other ASSISTANTE S. Other _____

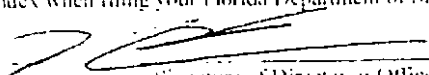
Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 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. _____


 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 §817.135, F.S.

13. KARIM-FRANCK KHINOUCHE, PRESIDENT

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOVOLYZE 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-EIGHTH DAY OF OCTOBER, A.D. 2022.




Jeffrey W. Bullock, Secretary of State

5862813 8300

SR# 20223879898

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

Authentication: 204731780

Date: 10-28-22