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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: jchoe@aadibio.com

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TALLAHASSEE, FL

FOREIGN PROFIT/NONPROFIT CORPORATION
AADIBIOSCIENCE, INC.

Table with 2 columns: Item, Amount. Rows: Certificate of Status (0), Certified Copy (1), Page Count (05), Estimated Charge (\$78.75)

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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. AADI BIOSCIENCE, 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. 45-3536176
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/16/2007 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 17383 W SUNSET BLVD, STE A250, PACIFIC PALISADES, CA 90272-4181
(Principal office street address)

(Current mailing address, if different)

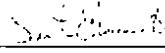
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation FL 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.

C T Corporation System

By: SEAN L. EMERICK, 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]:

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A. DIRECTORS

Chairman Name: Scott Giacobello

Vice Chairman Address: 17383 W Sunset Blvd, Ste A250

Director Pacific Palisades, CA90272

President _____

Vice President _____

Secretary Treasurer

Other CFO Other _____

Chairman Name: Loretta Itri

Vice Chairman Address: 17383 W Sunset Blvd, Ste A250

Director Pacific Palisades, CA90272

President _____

Vice President _____

Secretary Treasurer

Other CMO Other _____

Chairman Name: Neil Desai

Vice Chairman Address: 17383 W Sunset Blvd, Ste A250

Director Pacific Palisades, CA90272

President _____

Vice President _____

Secretary Treasurer

Other Exec Chairman Other _____

Chairman Name: Caley Castelcin

Vice Chairman Address: 17383 W Sunset Blvd, Ste A250

Director Pacific Palisades, CA90272

President _____

Vice President _____

Secretary Treasurer

Other _____

Chairman Name: Behzad Aghazadeh

Vice Chairman Address: 17383 W Sunset Blvd, Ste A250

Director Pacific Palisades, CA90272

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Anupam Dalal

Vice Chairman Address: 17383 W Sunset Blvd, Ste A250

Director Pacific Palisades, CA90272

President _____

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. Scott Giacobello 9/18/2023 | 11:14 AM PDT

 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. Scott Giacobello, CFO

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

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Attachment for Officers' and Director's: AADI BIOSCIENCE, INC.

Name	Title	Address
Karin Hehenberger	Director	17383 W Sunset Blvd, Ste A250, Pacific Palisades, CA 90272
Mohammad Hirmand	Director	17383 W Sunset Blvd, Ste A250, Pacific Palisades, CA 90272
Richard Maroun	Director	17383 W Sunset Blvd, Ste A250, Pacific Palisades, CA 90272
Emma Reeve	Director	17383 W Sunset Blvd, Ste A250, Pacific Palisades, CA 90272

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AADI BIOSCIENCE, 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 TWELFTH DAY OF SEPTEMBER, A.D. 2023.

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.



Jeffrey W. Bullock, Secretary of State

4459056 8300

SR# 20233475495

You may verify this certificate online at corp.delaware.gov/au:hver.shtml

Authentication: 204147640

Date: 09 12 23