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| (Rec | questor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
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| | dment Section on of Corporations | |
|-----------------|--|--|
| SUBJECT: | EKR | (Name of Corporation) |
| DOCUMENT | NUMBER: | F 8600000 6527 |
| | | and fee are submitted for filing. erning this matter to the following: |
| | | Sur R. Botch, Sr. Paraleyal (Name of Person) |
| | | (Name of Person) |
| | Corner s | tone Therapeutics Inc. |
| | | tone therapeutics Inc: (Firm/Company) |
| | 12 55 | Casco + Good Acres Suite 250 |
| | | (Address) |
| | | Cony, he darist (City/State and Zip code) |
| | | (City/State and Zip code) |
| For further int | Formation concerning this | s matter, please call: |
| Su | (Name of Person) | at (919) 619 - 6517 (Area Code & Daytime Telephone Number) |
| | (Name of Person) check for the amount: | (Area Code & Daytime Telephone Number) |
| \$35 Filing | Fee \$\frac{43.75}{25} \text{Filing Fe} Certificate of St. | e & \$\int_{\\$43.75}\$ Filing Fee & \$\int_{\\$52.50}\$ Filing Fee, atus Certified Copy Certificate of Status & Certified (Additional copy is Copy (Additional copy is enclosed) |
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Division of Corporations

Tallahassee, FL. 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, FL.32314

P.O. Box 6327

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

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|---------------------------|---|--------------|---------------------------------------|----------|
| | EKR Therapeutics, (Name of Corporation) | a | TALLAHISSPAT OPIDA |) } |
| - | Oleman of Companion | M. | | <u> </u> |
| | (Name of Corporation) | | F 4 | -1- |
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| | F0600000 6527 (Document Number of Corporation (if known) | | | Щ. |
| - | (Document Number of Corporation (if known) | - | 9. N | -0 |
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| | delaware | 4 | , s 1 1 1 G | Ŧ |
| - | (Incorporated Under Laws of) | | · · · · · · · · · · · · · · · · · · · | _ |
| | (| | | |
| appoints t the time it | oration revokes the authority of its registered agent in Florida the Department of State as its agent for service of process based was authorized to transact business or conduct affairs in Florida. wing is a current mailing address for the corporation: | on a cause | | |
| _ | 1255 Crescent Green, Ruite 2 (Mailing Address) | 50 | | _ |
| | (Mailing Address) | | | _ |
| | Ceny, nc d7518 (City/State/Zip) | | | |
| - | (City/ State /Zip) | | | _ |
| | ration agrees to notify the Department of State in the future of any gnature of a director, president or other officer - if in the hands of a ceiver or other sour appointed fiduciary, by that fiduciary) | q | its mailing ad | dress. |
| | | | | |
| | Andrew K. W. Powell | Sucre | +ary | |
| | (Typed or printed name of person signing) | (Title of | nerson kionina) | |