

F/500000/200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

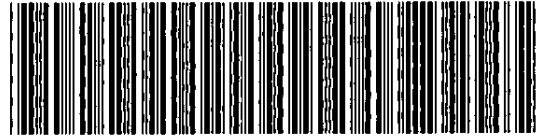
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600269829536

03/23/15--01007--018 **79.75

NOTED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

15 MAR 23 PM 1:36

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

15 MAR 23 AM 8:17

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

✓ 03/24/15



Wolters Kluwer
Corporate Legal Services

CT Corporation

515 East Park Avenue
Tallahassee, FL 32301

850 558 1930 tel
855 637 1628 fax
www.ctcorporation.com

March 23, 2015

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9486233 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

PaxVax, Inc. (DE)
Qualification *w/ good standing certificate*
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PAXVAX, 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:

CHIEF LEGAL OFFICER

Name of Person

PAXVAX, INC.

Firm/Company

900 VETERANS BLVD., SUITE 500

Address

REDWOOD CITY, CA 94063

City/State and Zip code

LEGAL@PAXVAX.COM

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

For further information concerning this matter, please call:

TIBOR J. KONCZ

Name of Person

at (**800**) **533-5899**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$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. **PAXVAX, 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**

(State or country under the law of which it is incorporated)

3. **11-3780505**

(FEI number, if applicable)

4. **MAY 3, 2006**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **FEBRUARY 13, 2015**

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

7. **900 VETERANS BLVD., SUITE 500 REDWOOD CITY, CA 94063**

(Principal office address)

900 VETERANS BLVD., SUITE 500 REDWOOD CITY, CA 94063

(Current mailing address)

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

Name: **CT CORPORATION SYSTEM**

Office Address: **1200 SOUTH PINE ISLAND ROAD**

PLANTATION

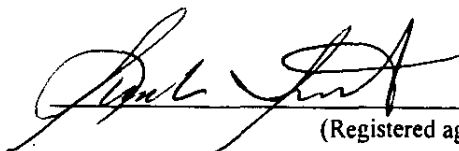
(City)

Florida 33324

(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.



**Sandra Stewart
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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 23 AM 8:17

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: PLEASE SEE ATTACHED LISTING OF DIRECTORS

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PLEASE SEE ATTACHED LISTING OF OFFICERS

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAR 23 AM 8:17

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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. MARK MELTZ, EXECUTIVE VICE PRESIDENT & CHIEF LEGAL OFFICER

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

PaxVax, Inc.
900 Veterans Boulevard, Suite 500
Redwood City, CA 94063

Directors

<u>Name</u>	<u>Address</u>
Dr. Rennie Coit	900 Veterans Boulevard, Suite 500, Redwood City, CA 94063
James Connolly	900 Veterans Boulevard, Suite 500, Redwood City, CA 94063
Nima Farzan	900 Veterans Boulevard, Suite 500, Redwood City, CA 94063
Kenneth Kelley	900 Veterans Boulevard, Suite 500, Redwood City, CA 94063
Howard Rosen	900 Veterans Boulevard, Suite 500, Redwood City, CA 94063
Phillip Russell	900 Veterans Boulevard, Suite 500, Redwood City, CA 94063
Richard Tong	900 Veterans Boulevard, Suite 500, Redwood City, CA 94063

Officers

<u>Name</u>	<u>Office</u>	<u>Address</u>
Kenneth Kelley	Chairman, Chief Executive Officer and Secretary	900 Veterans Boulevard, Suite 500, Redwood City, CA 94063
Nima Farzan	President and Chief Operating Officer	900 Veterans Boulevard, Suite 500, Redwood City, CA 94063
Jon Anderson	Chief Financial Officer	900 Veterans Boulevard, Suite 500, Redwood City, CA 94063
Mark Meltz	Executive Vice President and Chief Legal Officer	900 Veterans Boulevard, Suite 500, Redwood City, CA 94063
Marc Gurwith	Executive Vice President and Chief Medical Officer	900 Veterans Boulevard, Suite 500, Redwood City, CA 94063
Jonathan Smith	Executive Vice President and Chief Scientific Officer	900 Veterans Boulevard, Suite 500, Redwood City, CA 94063

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 23 AM 8:17

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAXVAX, 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 NINTH DAY OF MARCH, A.D. 2015.


FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAR 23 AM 8:17



4151342 8300

150309728

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2178386

DATE: 03-09-15