Lage LULL

### Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (853) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842 Fax Number : (850)878-5368

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

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#### FOREIGN PROFIT/NONPROFIT CORPORATION BlinkBio, Inc.

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#### COVER LETTER

	istration So ision of Co				•	
SUBJECT	BlinkBio	, Inc.				
OODODCI	•		of corporat	ion - mu	st include suffix	
Dear Sir or I	Madam:					
"Certificate	of Existence		e of Good S	Standing'	and check are sub	ct Business in Florida," mitted to register the
Please return Mark Devine		pondence concerr	ning this ma	tter to th	e following:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	<u> </u>	Name	of Perso	n	
WilmerHale						
		•	Firm/C	ompany		•
60 State Stree	et					
Boston, MA	02109		Ac	ldress		
			City/Stat	e and Zi	code	
mark.devine@	@wilmerhale					
		E-mail addres	s; (to be use	ed for ful	ure annual report i	notification)
For further in	nformation	concerning this r	natter, plea:	se call:		
Mark Devine			617 at (		6-5122	
Nam	ne of Perso		Area C		Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
□ \$70,00 Fi		\$78.75 Filir Certificate	ig Fee &		.75 Filing Fee & lified Copy	S87.50 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.

	orporation; must include "INCORPORATED," "Coorp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION	<b>,</b> •	
(If name unavail:	able in Florida, enter alternate corporate name adopt	ed for the purpose of transacting	g business In Florida)	•
	y under the law of which it is incorporated)	(FEI number, if applicable)		
March 20, 2009	5,	Perpetual		
(Date	(Date of incorporation) (Date of duration, if other			
·				•
	(Date first transacted business in Flor		N)	
25 Health Science	(SBE SECTIONS 607.1501 & 607.1502, F is Drive, Mailbox 123, Stony Brook, NY 11790	.s., to determine pensity listini	¥1	
25 Health Science	·		V)	•
25 Health Science	s Drive, Mailbox 123, Stony Brook, NY 11790	fice address)	2 CT	
	s Drive, Mailbox 123, Stony Brook, NY 11790  (Principal off	fice address) fress, if different)	ŽEGO	And the second s
Name and stree	(Current mailing addited agent: (P.O. Bo	fice address)  fress, if different)  x NOT acceptable)	15 SEP LO AM SELENTIARY IN ACLIANIA SSECTION	The second secon
. Name and stree	(Current mailing addited agent: (P.O. Bo CT Corporation System  1200 South Pine Island Rd.	fice address)  fress, if different)  x NOT acceptable)	15 SEP 10 \$6.0.67 JARY	And the second of the second o

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.

Lisa Shdeed, V.P.

(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.

971072015	9 - 52 - 15	ΔM	From	To.	85061763837	116
3/10/2013	3:36:13	AII	L L UM.	10:	panpitanani	4/h

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

A. DIR	ECTORS		
Chairmar	Colin Goddard		
Address:	25 Health Sciences Drive, Stony Brook, NY 11790		
Vice Cha	irman:		
Address:		<del></del>	······································
Director:	Douglas Reed		
Address:	25 Health Sciences Drive, Stony Brook, NY 11790		
Director:	Geoff Smith		
Address:	25 Health Sciences Drive, Stony Brook, NY 11790		
B. OFF	CERS	Talk Program	
President:	Colin Goddard	<u> </u>	
Address:	25 Health Sciences Drive, Stony Brook, NY 11790	E P	
	······································		1
Vice Presi	dent:	<del></del>	es consiste f c
Address:			
Secretary:			
Address:	Colin Goddard	<del></del>	<del></del>
Treasurer: Address:	25 Health Sciences Drive, Stony Brook, NY 11790		
	If necessary, you may attach an addendum to the application listing additional officer	s and/or director	·s.
2	Lu foddin		
The officers true as	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms the director she is aware that false information submitted in a document to the Departure of the false information submitted in a document to the Departure of the false information submitted in a document to the Departure of the false information submitted in a document to the Departure of the false information submitted in a document to the Departure of Director or Officer		
3	COLIN GODDARD - CHAIRMAN + CHIEF EXECUTIV	e office	<u> </u>

9/10/2015 9:52:15 AM From: To: 8506176383( 5/6 )

11 A. Directors

Director- Michael Gargano

Address 25 Health Sciences Drive, Stony Brook, NY 11790

# <u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BLINKBIO, 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 SEPTEMBER, A.D. 2015.

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.

15 SEP 10 AM 8: 39

4649598 8300

SR# 20150064034

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

Authentication: 10020103

Date: 09-09-15