

F17000001598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

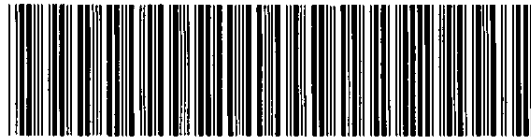
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

K. SALY
APR 10 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 587974 4324715

AUTHORIZATION :

COST LIMIT : \$ 70.00

[Handwritten signature]

ORDER DATE : April 6, 2017

ORDER TIME : 3:36 PM

ORDER NO. : 587974-005

CUSTOMER NO: 4324715

FOREIGN FILINGS

NAME: TRANSCCELERATE BIOPHARMA, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. TransCelerate BioPharma, Inc.

(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(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. 46-0886344

(FEL number, if applicable)

4. August 15, 2012

(Date of Incorporation)

5.

(Date of duration, if other than perpetual)

6. May 1, 2017

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 100 Fall Fours Corporate Center, Suite 655, 1001 Conshohocken State Road, West Conshohocken, PA 19438

(Principal office address)

(Current mailing address, if different)

8. Non-Profit Business Association

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Dalvir Gill

Office Address: 6408 Lake Burden View Drive

Windermere

(City)

, Florida 34786

(Zip Code)

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TALLAHASSEE, FLORIDA

10. 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.

By: 

(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Iris Loew-Friedrich

Address: 100 Fall Fours Corporate Center, Suite 655, 1001 Conshohocken State Road, West Conshohocken, PA 19438

Vice Chairman: Elliott Levy

Address: 100 Fall Fours Corporate Center, Suite 655, 1001 Conshohocken State Road, West Conshohocken, PA 19438

Director:

Address:

Director:

Address:

B. OFFICERS

President: & CEO Dalvir Gill

Address: 100 Fall Fours Corporate Center, Suite 655, 1001 Conshohocken State Road, West Conshohocken, PA 19438

Vice President:

Address:

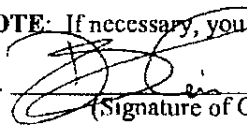
Secretary: Lynn Marks

Address: 100 Fall Fours Corporate Center, Suite 655, 1001 Conshohocken State Road, West Conshohocken, PA 19438

Treasurer: Andrew Lee

Address: 100 Fall Fours Corporate Center, Suite 655, 1001 Conshohocken State Road, West Conshohocken, PA 19438

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

13.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Dalvir Gill, President & CEO
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANSCCELERATE BIOPHARMA, 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 SIXTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRANSCCELERATE BIOPHARMA, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2012.

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STATE DEPT OF STATE
HALL PHILADELPHIA, PA 19106




Jeffrey W. Bullock, Secretary of State

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SR# 20172323277

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

Authentication: 202337691

Date: 04-06-17