

F17000003582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

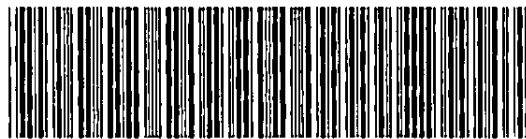
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/07/17--01038--025 **70.00

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17 AUG -7 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]
8/5/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ebb Therapeutics, 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:

Keith Kurlansky

Name of Person

LicenseLogix, LLC

Firm/Company

140 Grand St., Suite 300

Address

White Plains, NY 10601

City/State and Zip code

documents@incorp.com

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

For further information concerning this matter, please call:

Keith Kurlansky on behalf of LicenseLogix, LLC at (800) 292-0909

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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. Ebb Therapeutics, 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. 26-3719257
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/4/2011 5. Perpetual
(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. 333 Allegheny Avenue, Suite 201 Oakmont, PA 15139
(Principal office address)
- 333 Allegheny Avenue, Suite 201 Oakmont, PA 15139
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: National Registered Agents, Inc.
- Office Address: 1200 South Pine Island Road
- Plantation, Florida 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.



(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached list

Address: _____

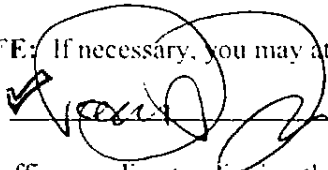
Chief Financial Officer: _____

Address: _____

Secretary: _____

Address: _____

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



Signature of Director or Officer

Officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and correct and that he or she is aware that false information submitted in a document to the Department of State constitutes a felony as provided for in s.817.155, F.S.

William Rippole, Chief Financial Officer

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

Don Spence – Chief Executive Officer
Damian Rippole – Chief Financial Officer, VP of Finance and Secretary
Eric A. Nofzinger, MD – Chief Medical Officer
Jeff Schirm – Vice President of Engineering
Edward Y. Kim – Assistant Secretary
Barry Thwaits – Vice President of Sales
Ron Richard – Vice President of Marketing

The address for all officers is: 2555 Smallman Street, Pittsburgh, PA 15222

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EBB THERAPEUTICS, 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 TWENTY-SIXTH DAY OF JUNE, A.D. 2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EBB THERAPEUTICS, INC." WAS INCORPORATED ON THE FOURTH DAY OF APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

4952412 8300

SR# 20174955234

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

Authentication: 202782370

Date: 06-26-17