

F17000003780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

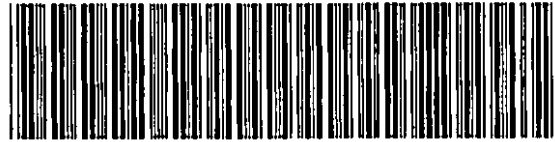
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



000301651610

07/25/17--01018--004 **78.75

FILED
2017 AUG 18 PM 12:24
STATE OF ARIZONA
TALLAHASSEE

AUG 23 2017
J. HARRIS

~~80888~~ CTM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ariel Precision Medicine, 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:

John Moore

Name of Person
Ariel Precision Medicine

Firm/Company
Discovery Robotics, 4633 Centre Ave.

Address
Pittsburgh, PA 15213

City/State and Zip code
tory@arielmedicine.com

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

For further information concerning this matter, please call:

John Moore 412 956-9564

Name of Person at () 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2017 AUG 18 PM 12:47

TALLAHASSEE, FLORIDA

July 28, 2017

JOHN MOORE
DISCOVERY ROBOTICS, 4638 CENTRE AVE
PITTSBURGH, PA 15213

SUBJECT: ARIEL PRECISION MEDICINE, INC.
Ref. Number: W17000062208

We have received your document for ARIEL PRECISION MEDICINE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 317A00015309

2017 AUG 18 PM 12:24
FILER
TALLAHASSEE, FLORIDA

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. Ariel Precision Medicine, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

Ariel Medicine
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 81-5463369
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/21/2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. No business transacted to date
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Discovery Robotics, 4638 Centre Ave, Pittsburgh, PA 15213
(Principal office address)

(Current mailing address, if different)

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

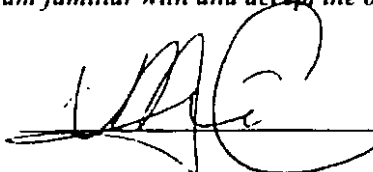
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(City) (Zip code)

FILED
2017 AUG 18 PM 12: 24
TALLAHASSEE FLORIDA

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.



Mia Conner on behalf of InCorp Services, Inc.
(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.

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

A. DIRECTORS

Chairman: Jessica Gibson
Discovery Robotics, 4638 Centre Ave. Pittsburgh, PA 15213
Address: _____

Vice Chairman: David Whitcomb
1011 Ellsworth Ave, Pittsburgh, PA 15232
Address: _____

Director: Chris Mochle
4618 Henry Street, Pittsburgh, PA 15213
Address: _____

Director: Hank Safferstein
2425 Sidney St. Pittsburgh, PA 15203
Address: _____

B. OFFICERS

President: Jessica Gibson
Discovery Robotics, 4638 Centre Ave. Pittsburgh, PA 15213
Address: _____

Vice President: John Moore
Discovery Robotics, 4638 Centre Ave. Pittsburgh, PA 15213
Address: _____

Secretary: John Moore
Discovery Robotics, 4638 Centre Ave. Pittsburgh, PA 15213
Address: _____

Treasurer: John Moore
Discovery Robotics, 4638 Centre Ave. Pittsburgh, PA 15213
Address: _____

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SHERIFF'S OFFICE
ALTOONA PENNSYLVANIA

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

12. *John T. B. Moore*
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. John T. B. Moore
(Typed or printed name and capacity of person signing application)

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARIEL PRECISION MEDICINE, 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 SEVENTH DAY OF JULY, A.D. 2017.



6323358 8300

SR# 20175126855

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202847005

Date: 07-07-17