

F17000004140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

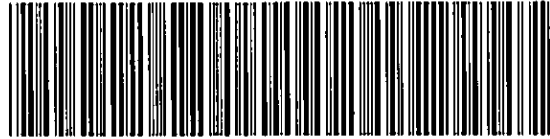
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900303242239

FILED  
2017 SEP 15 AM 9:17  
17 SEP 15 PM 4:18  
FALL ARIZONA

SEP 18 2017  
J. HARRIS

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserv.com  
e-mail: info@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 9/15/2017

**PRIORITY** Routine

**OUR REF # (Order ID#)** 599920

**ORDER ENTITY**

IOVANCE BIOTHERAPEUTICS, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

IOVANCE BIOTHERAPEUTICS, INC. ( FL)

File the attached foreign qualification document

Please provide a certified copy as evidence.

**NOTES:**

\$78.75 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in cursive script that reads "Melissa".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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.*

IOVANCE BIOTHERAPEUTICS, INC.

1. \_\_\_\_\_  
(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)  
DELAWARE

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
6/1/2017

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
999 SKYWAY ROAD, SUITE 150, SAN CARLOS, CA 94070

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

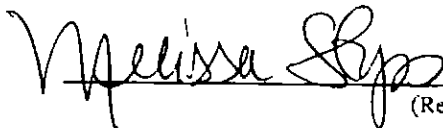
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: INCORPORATING SERVICES, LTD.

Office Address: 1540 GLENWAY DRIVE  
TALLAHASSEE 32301  
(City), Florida (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.

2011 SEP 15 AM 9:17  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

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

**A. DIRECTORS**

IAIN DUKES, PhD

Chairman: \_\_\_\_\_  
999 SKYWAY ROAD, SUITE 150, SAN CARLOS, CA 94070  
Address: \_\_\_\_\_

N/A

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

SANFORD J. HILLSBERG, JD

Director: \_\_\_\_\_  
999 SKYWAY ROAD, SUITE 150, SAN CARLOS, CA 94070

Address: \_\_\_\_\_

SEE ATTACHED

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

MARIA FARDIS, PhD, MBA

President: \_\_\_\_\_  
999 SKYWAY ROAD, SUITE 150, SAN CARLOS, CA 94070

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

TIMOTHY MORRIS

Treasurer: \_\_\_\_\_

999 SKYWAY ROAD, SUITE 150, SAN CARLOS, CA 94070

Address: \_\_\_\_\_

**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 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. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

**DIRECTOR: RYAN MAYNARD**  
**ADDRESS: 999 SKYWAY ROAD, SUITE 150, SAN CARLOS, CA 94070**

**DIRECTOR: MERRILL A. MCPEAK**  
**ADDRESS: 999 SKYWAY ROAD, SUITE 150, SAN CARLOS, CA 94070**

**DIRECTOR: WAYNE ROTHBAUM**  
**ADDRESS: 999 SKYWAY ROAD, SUITE 150, SAN CARLOS, CA 94070**

**DIRECTOR: JAY VENKATESAN, MD**  
**ADDRESS: 999 SKYWAY ROAD, SUITE 150, SAN CARLOS, CA 94070**

**DIRECTOR: MARIA FARDIS, PhD, MBA**  
**ADDRESS: 999 SKYWAY ROAD, SUITE 150, SAN CARLOS, CA 94070**

**OFFICER: FREDERICK G. VOGT, PhD, ESQ.**  
**ADDRESS: 999 SKYWAY ROAD, SUITE 150, SAN CARLOS, CA 94070**

SEP 15 2017  
AM 9:17  
FBI - SAN CARLOS

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IOVANCE BIOTHERAPEUTICS, 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-FIFTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IOVANCE BIOTHERAPEUTICS, INC." WAS INCORPORATED ON THE FIRST DAY OF JUNE, A.D. 2017.

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



6431490 8300

SR# 20175889156

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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.

Authentication: 203119451

Date: 08-25-17