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1/30/2018

12122023573 From: Kimberly Laughrey

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Name : C T CORPORATION SYSTEM

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FOREIGN PROFIT/NONPROFIT CORPORATION OSPREY THERAPEUTICS, INC.

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Certificate of Status	0
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Help

COVER LETTER

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SUBJI	ECT:	OSPREY	THERAPEUTIC				
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Carlsbac	d, CA 9			Addr			
poneil@	ionisch			City/State (md 2	ip code	
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For furt	her inf	ormution	concerning this	matter, please	call:		
Michael		•		760 at ((031-9200	
	Name	of Perso	л	Area Cod	le	Daytime Teleph	ione Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed	d is a c	heck for	the following ar	nount:			
⊂1 \$70.0	00 Filii	ng Fee	☐ \$78.75 Fill Certificate	ing Fee & C c of Status		8.75 Filing Fee & rtified 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. Osprey 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) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2855 Gazelle Court, Curlsbud, CA 92010 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 S. Pine Island Road Office Address: Plantation (City) 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.

> Scott White Assistant Secretary (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.

H. Nam	es and business addresses of officers and/or directors:	
A. DIRE	ECTORS	
Chairman	Stanley T. Crooke	
Address:	2855 Gazelle Court	
	2855 Gazelle Court Carlsbad, CA.92010	
	rman:	
		18
-	B. Lynne Parshall	
	2855 Gazeile Court	
	Carlshad, CA 92010	
	Brett Monia	
	2855 Gazelle Court	
Address:	Carlsbad, CA 92010	
B. OFF	Sarah Boyce	
	2855 Gazelle Court	
Augitss.	Carlsbad, CA 92010	
Vice Pres	ident:	
Address:		
S	Patrick O'Neil	
Address:	2855 Gazelle Court, Carlsbad, CA 92010	
Treasurer	Elizabeth L. Hougen	
Address:	2855 Gazelle Court, Carlsbad, CA 92010	
NOTE:	Hinecessary, you may attach an addendum to the applicatio	d listing additional officers and/or directors.
The offi are true a third d	Signature of Director or over or director signing this document (and who is listed in mand that he or she is aware that false information submitted ingree felony as provided for in s.817.155, F.S. liek O'Neil, Secretary and General Counsel	imbor 11 above) affirms that the facts stated herein
13	(Typed or printed name and capacity of pers	on signing application)

ATTACHMENT TO APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

OSPREY THERAPEUTICS, INC.

NAME AND ADDRESS OF ADDITIONAL DIRECTOR:

Sarah Boyce 2855 Gazelle Court Carlsbad, CA 92010

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OSPREY 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-SECOND DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OSPREY THERAPEUTICS, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2017. . . .

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

6673858 8300

SR# 20177754178

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

Authentication: 203823642

Date: 12-22-17