3/22/2018



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM

Account Number : FCA200000023
Phone : (614)280-3338
Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

## FOREIGN PROFIT/NONPROFE CORPORATION

Akcea Therapeutics, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

J. LEGGETT MAR 2 6 2018

Electronic Filing Menu

Corporate Filing Menu

Help

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLOAUDA

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.

Enter name of c	orporation; must include "INCORPORATE	D," "COMPANY	"CORPORATION."	·
"Inc.," "Co.," "C	orp;" "Inc," "Co," or "Corp.")	in the second		
(If name unavail	able in Florida, enter alternate corporate nar	ne adopted for the	purpose of transacting by	usiness in Florida)
2. Delaware		3 47-2608175		•
(State or countr	y under the law of which it is incorporated)	**	(FEI number, if applic	able)
4. 12/22/2014		5 Perpetual		
(Date	of incorporation)	·	e of duration, if other than	n perpetual)
6. Upon Qualificat	ion			•
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607			
7, 55 Cambridge Pa	rkway, Suite 100, Cambridge, MA 02142	·	· · · · · · · · · · · · · · · · · · ·	· 
	(Pric	cipalsoffice at the	ss) [.]	င်၁
same	· ·	$M_{\odot}$	•.	
	(Current ma	iling address, if di	ifferent).	.(N) (∆)
8: Name and street	n address of Florida registered agent: (	P.O. Box NOT	acceptable)	
Name:	C T Corporation System			, D
Office Address:	1200 South Pine Island Road	· · ·		<u> </u>
	Plantation	Elavid	1-33324	, ,
	(City)		(Zip code)	· · · · · · · · · · · · · · · · · · ·
	ent's acceptance: ed as registered agent and to accept se	miles of esecutive	for the ghave stated ex	penaration at the
designated in this	application, I hereby accept the appoi	ntment us regist	ered agent and agree t	o uct in this capac
	omply with the provisions of all statute amiliar with and accept the obligation			verjormance of m

iace

	CT Corporation System		
By:	Janibar Cantain	Cardell Rankin Assu. Secretary	· 
		(Registered agent's signapure)	
		5,6, 45 BB 2	

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. Namo	and business addresses of officers and/or directors:
A. DIRE	TORS SEE ATTACHMENT
Chairman:	Christopher Gabriett
Address:	Cambridge Parkway, Suite 100
· 	mbridge, MA 92142
Vice Chalr	Bn:
Address:	
•	<del></del>
Director:	12.21
Address:	
Director:	
vaniess: -	
R OFFI	ERS SEE ATTACHMENT
٠.	aula Soteropoulos
	Cambridge Parkway, Spite 100
	mbridge, MA 02142
•	
٠, ٠	nt;
Address:	
•	11 · · · · · · · · · · · · · · · · · ·
Secretary:	
Address: _	
	Slike MacLean
	Cambridge Parkway, Suite 100, Cambridge, MA 02142
NOTE: I	necessary, you may attach an addendum to the application listing additional officers and/or directors.
12.	Signature of Director or Officer
are true a	or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein that he or she is aware that false information submitted in a document to the Department of State constitutes see felony as provided for in \$.817.155, F.S.
13.	Jeffrey Goldberg, COO
	(Typed or printed name and capacity of person signing application)

## Attachment to Florida Officers & Directors

1 Full Name: -

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City: State:

ZIP Code:

2 Full Name: .

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZiP Code:

Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

4 Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City: .

State:

ZIP Code:

Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City: State:

Sidle.

ZIP Code:

Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

Jeffrey Goldberg

Officer

COO

55 Cambridge Parkway, Suite 100

Cambridge :

MA

02142

Louis O'Dea

Officer

CMO.

.55 Cambridge Parkway, Suite 100

Cambridge

MA

02142 -

Paula Soteropoulos

Officer

CEO

55 Cambridge Parkway, Suite 100

Cambridge

MA:

02142 -

Paula Soteropoulos

Officer, Director

President

Director

55 Cambridge Parkway, Suite 100

Cambridge

MA

02142

Stanley T. Crooke

Director

Director .

55 Cambridge Parkway, Suite 100

.Cambridge ...

MA

02142

Edward M. Filzgerald

Director

Director

55 Cambridge Parkwest Suite 100

Cambridge

MA 02142 Elaine Hochberg

2018-03-22 17:47:02 CST

Director -

Director

Director -55 Cambridge Parkway, Suite 100 Cambridge MA -02142 B, Lynne Parshall

Director 55 Cambridge Parkway, Suite 100 Cambridge MA 02142

Sandford D. Smith Director

Director 55 Cambridge Parkway, Suite 100 Cambridge

 $MA^{'}$ 02142

State:

ZIP Code:

7 Full Name:

Officer/Director:

Officer's Title:

Director's Title:

Business Address:

City:

State: .

ZIP Code:

8 Full Name: Officer/Director:

Officer's Title: Director's Title:

Business Address:

City: 1 State: -

ZIP Code:

9 Full Name:

Officer/Director: Officer's Title:

Director's Title:

Business Address:.

City: State: ZIP Code:



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AKCEA 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 FIFTEENTH DAY OF MARCH, A.D. 2018.

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

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

Æ.

5644939 8300
SR# 20181943171
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202327180

Date: 03-15-18