

# F18 000003975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

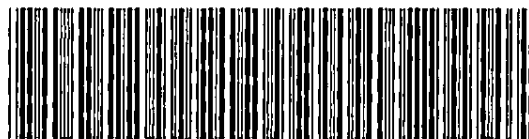
(Business Entity Name)

(Document Number)

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

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2018 AUG 27 11:59:18

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

18 AUG 27 PM 1:47

T. CLINE  
AUG 28 2018  
EXAMINER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 363358 4312830

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : August 24, 2018

ORDER TIME : 11:25 AM

ORDER NO. : 363358-005

CUSTOMER NO: 4312830

27 AUG 27 AM 9:10

FOREIGN FILINGS

NAME: LOXO ONCOLOGY, INC.

XXXX QUALIFICATION (TYPE: CQ)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Loxo Oncology, 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:

Michael Suyat

\_\_\_\_\_  
Name of Person

Fenwick & West LLP

\_\_\_\_\_  
Firm/Company

555 California Street, 12th Floor

\_\_\_\_\_  
Address

San Francisco, CA 94104

\_\_\_\_\_  
City/State and Zip code

msuyat@fenwick.com

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

For further information concerning this matter, please call:

Michael Suyat

415

875-2059

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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. Loxo Oncology, 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. 46-2996673  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/9/2013 5. n/a  
(Date of incorporation) (Date of duration, if other than perpetual)

6. n/a  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 281 Tresser Boulevard, 9th Floor, Stamford, CT 06901  
(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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.*

Corporation Service Company

By: Emily Croft

(Registered agent's signature)

Emily Croft

Asst. Vice President

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: Keith T. Flaherty, M.D.

Address: c/o Loxo Oncology, Inc.

281 Tresser Boulevard, 9th Floor, Stamford, CT 06901

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

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

Director: Joshua H. Bilenker, MD

Address: c/o Loxo Oncology, Inc.

281 Tresser Boulevard, 9th Floor, Stamford, CT 06901

Director: Steve Elms

Address: c/o Loxo Oncology, Inc.

281 Tresser Boulevard, 9th Floor, Stamford, CT 06901

**B. OFFICERS**

President: Joshua H. Bilenker, MD

Address: c/o Loxo Oncology, Inc.

281 Tresser Boulevard, 9th Floor, Stamford, CT 06901

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

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

Secretary: Joshua H. Bilenker, MD

Address: c/o Loxo Oncology, Inc., 281 Tresser Boulevard, 9th Floor, Stamford, CT 06901

Treasurer: Jennifer Burnstein

Address: c/o Loxo Oncology, Inc., 281 Tresser Boulevard, 9th Floor, Stamford, CT 06901

**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. Jennifer Burnstein, Senior VP of Finance

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

**LOXO ONCOLOGY, INC.**

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

No. 11(A): The names and respective addresses of its Directors (cont.)

<b><u>Name</u></b>	<b><u>Address</u></b>
Avi Z. Naider	c/o Loxo Oncology, Inc. 281 Tresser Boulevard, 9th Floor Stamford, CT 06901
Lori Kunkel	c/o Loxo Oncology, Inc. 281 Tresser Boulevard, 9th Floor Stamford, CT 06901
Alan Fuhrman	c/o Loxo Oncology, Inc. 281 Tresser Boulevard, 9th Floor Stamford, CT 06901
Timothy Mayleben	c/o Loxo Oncology, Inc. 281 Tresser Boulevard, 9th Floor Stamford, CT 06901
Steve D. Harr	c/o Loxo Oncology, Inc. 281 Tresser Boulevard, 9th Floor Stamford, CT 06901

2017/02/17 12:18

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOXO ONCOLOGY, 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-FOURTH DAY OF AUGUST, 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 SAID "LOXO ONCOLOGY, INC." WAS INCORPORATED ON THE NINTH DAY OF MAY, A.D. 2013.

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



5332373 8300

SR# 20186351036

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: 203310170

Date: 08-24-18