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Florida Department of State
Division of Corporations
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To: Division of Corporations
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TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Acer Therapeutics Inc.

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

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FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Ranae McGraw
DATE	2018-10-04 14:20:33 CST
RE	Acer Therapeutics Inc.

COVER MESSAGE

Chris Rickard
Senior Fulfillment Specialist
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219
www.wolterskluwer.com

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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. Acer 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)

2. Delaware

(State or country under the law of which it is incorporated)

3. 32-0426967

(FEI number, if applicable)

4. 5/15/2018

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6. Upon filing

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

7. One Gateway Center, Suite 351, 300 Washington Street Newton, MA 02458

(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

C T Corporation System

By: Kristin Bolden Kristin Bolden
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.

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

A. DIRECTORS

Chairman: SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Chris Schelling

Address: One Gateway Center, Suite 351 300 Washington Street Newton, MA 02458

Vice President: Harry Palmieri

Address: One Gateway Center, Suite 351 300 Washington Street Newton, MA 02458

Secretary: Don Joseph

Address: One Gateway Center, Suite 351 300 Washington Street Newton, MA 02458

Treasurer: _____

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. _____

DON JOSEPH; CHIEF LEGAL OFFICER & SECRETARY

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

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FLORIDA

Acer Therapeutics Inc.

NAME:	TITLE:	ADDRESS:
Chris Schelling	CEO	1000 NW Wall Street, Suite 220, Bend, OR 97701
Stephen Aselage	Director	1000 NW Wall Street, Suite 220, Bend, OR 97701
Jason Amello	Director	1000 NW Wall Street, Suite 220, Bend, OR 97701
Hubert Birner	Director	1000 NW Wall Street, Suite 220, Bend, OR 97701
John Dunn	Director	1000 NW Wall Street, Suite 220, Bend, OR 97701
Michelle Griffin	Director	1000 NW Wall Street, Suite 220, Bend, OR 97701
Luc Marengere	Director	1000 NW Wall Street, Suite 220, Bend, OR 97701
Don Joseph	Secretary, Chief Legal Officer	1000 NW Wall Street, Suite 220, Bend, OR 97701

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACER 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-EIGHTH DAY OF SEPTEMBER, A.D. 2018.

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



6886077 8300

SR# 20186902735

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.

Authentication: 203518502

Date: 09-28-18