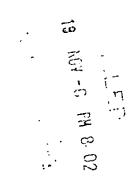
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(Red	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
Certified Copies	_ Certificates	of Status			
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O SIMMONS NOV 0 7 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 472506 5012293

AUTHORIZATION :

COST LIMIT : \$/7,0,00

ORDER DATE: November 6, 2018

ORDER TIME : 9:56 AM

ORDER NO. : 472506-015

CUSTOMER NO: 5012293

FOREIGN FILINGS

NAME: D3 ONCOLOGY INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

TO:						
	Division of Corporations D3 Oncology Inc.					
SUBJ	ECT:					
	N	ame of corporatio	n - musi	include suffix	·	
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Forei ficate of Existence," or "Certi referenced foreign corporatio	ficate of Good Sta	inding"	and check are sub		
	return all correspondence cor ca Lewis	ncerning this matte	er to the	following:		
	·····	Name of		.		
Clark	Hill PLC					
		Firm/Coi	npany			
301 G	rant Street, 14th Floor					
-		Add	ress		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Pittsbu	irgh, PA 15219					
		City/State	and Zip	code		
rlewis;	@clarkhill.com					
	E-mail ac	ldress: (to be used	for futu	ire annual report	notification)	
For fu	rther information concerning t	his matter, please	call:			
Rebecca Lewis 412 394-7742		4-7742	12			
		at ()	Daytime Telep		
	Name of Person	Area Coi	de	Daytime Telep	ohone 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 Tallnhassee, Fl. 32314				
Enclos	sed is a check for the following	g amount:				
= \$70		Filing Fee & G		75 Filling Fee & fied 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. D3 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) 82-4164438 (FEI number, if applicable) (State or country under the law of which it is incorporated) 12/20/2017 (Date of duration, if other than perpetual) (Date of incorporation) June 4, 2018 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 580 South Aiken Avenue, Suite 610, Pittsburgh, PA 15232 (Principal office address) 8878 Covenant Avenue, Box 316, Pittsburgh, PA 15237 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box, NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee

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:

Asst. Vice President

(Registered agent's signature)

(City)

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. DIR	ECTORS	
Chairmar	n:	
Address:		
XxxxXXx	Ankur Nad Thadani ixong:	
	8878 Covenant Avenue, Suite 316, Pittsburgh, PA 15237	
Director:	Vishal Bali	
	8878 Covenant Avenue, Suite 316, Pittsburgh, PA 15237	
Director	Andrew Shogan	<u>.</u>
	8878 Covenant Avenue, Suite 316, Pittsburgh, PA 15237	
B. OFF		Ġ,
President	Andrew Shogan	
	8878 Covenant Avenue, Suite 316, Pittsburgh, PA 15237	,
	ident:	
Secretary	Jason Henne	
Address:	8878 Covenant Avenue, Suite 316, Pittsburgh, PA 15237	
Treasurer	Kumar Shobhit Agarawal	
Address:	8878 Covenant Avenue, Suite 316, Pittsburgh, PA 15237	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and	d/or directors.
The officare true a	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that if and that he or she is aware that false information submitted in a document to the Department egree felony as provided for in s.817.155. F.S.	he facts stated herein ent of State constitutes
13	JASSN C. HENNE	
	(Typed or printed name and capacity of person signing application)	

Page 1



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

DELAWARE, DO HEREBY CERTIFY "D3 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 SIXTH DAY OF NOVEMBER, 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 "D3 ONCOLOGY INC." WAS INCORPORATED ON THE TWENTIETH DAY OF DECEMBER, A.D. 2017.

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

Authentication: 203842181

Date: 11-06-18