

FIB000005773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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D. SCOTT
DEC 18 2013

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

ACCOUNT NO. : I20000000195

REFERENCE : 546243 7175508

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : December 14, 2018

ORDER TIME : 10:04 AM

ORDER NO. : 546243-030

CUSTOMER NO: 7175508

FOREIGN FILINGS

NAME: PRESCIENT MEDICINE HOLDINGS,
INC.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

2018 DEC 17 AM 10:20

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRESCIENT MEDICINE HOLDINGS, 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:

HEIDI KIGHT

Name of Person	
LEVENFELD PEARLSTEIN, LLC	
Firm/Company	
2 N LASALLE STREET, SUITE 1300	
Address	
CHICAGO, ILLINOIS 60602	
City/State and Zip code	
HKIGHT@LPLEGAL.COM	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

HEIDI KIGHT	at (312)	476-7515
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. PRESCIENT MEDICINE HOLDINGS, 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. 47-5548852
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 2, 2018 5. PERPETUAL
(Date of incorporation) (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. 1330 W. FULTON, SUITE 800, CHICAGO, ILLINOIS 60607
(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

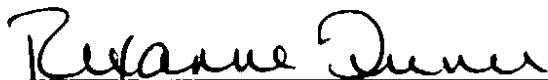
Plantation, Florida 33324
(City) (Zip code)

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.

C T Corporation System

By:



(Registered agent's signature)

Roxanne Turner
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.

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

A. DIRECTORS

Chairman: ANDREW GLOOR

Address: 1330 WEST FULTON, CHICAGO, ILLINOIS 60607

Vice Chairman: _____

Address: _____

Director: DEAN MARKS

Address: 1330 WEST FULTON, CHICAGO, ILLINOIS 60607

Director: KERI DONALDSON

Address: 200 PARK AVENUE, HUMMELSTOWN, PA 17036

B. OFFICERS

President: ANDREW GLOOR

Address: 1330 WEST FULTON, CHICAGO, ILLINOIS 60607

Vice President: DEAN MARKS

Address: 1330 WEST FULTON, CHICAGO, ILLINOIS 60607

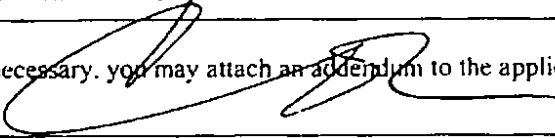
Secretary: KERI DONALDSON

Address: 200 PARK AVENUE, HUMMELSTOWN, PA 17036

Treasurer: KERI DONALDSON

Address: 200 PARK AVENUE, HUMMELSTOWN, PA 17036

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. ANDREW GLOOR, PRESIDENT

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

REC-17
AID-20
FBI-ED

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: LAWRENCE KRUEGER

Address: 150 N. RIVERSIDE PLAZA, SUITE 1810, CHICAGO, ILLINOIS 60606

Director: A. STEVEN CROWN

Address: 222 N. LASALLE STREET, SUITE 2000, CHICAGO, ILLINOIS 60601

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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. _____

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRESCIENT MEDICINE HOLDINGS, 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 FOURTEENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRESCIENT MEDICINE HOLDINGS, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2015.

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

5856137 8300
DEC 17 A 12:20




Jeffrey W. Bullock, Secretary of State

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SR# 20188169952

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

Authentication: 204107043

Date: 12-14-18