

FRANCROSS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

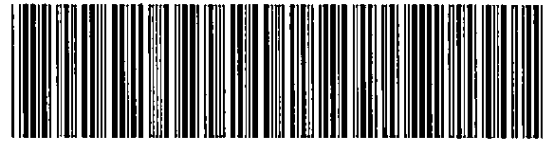
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE

2019 APR 23 A 4: 01

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COVER LETTER

TO: Registration Section
Division of Corporations
PsiOxus Therapeutics Inc.

SUBJECT: _____
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:
William Whitman

Whitman, LLC	Name of Person
500 East Swedesford Road, Suite 300 (Fidato)	Firm/Company
Wayne, PA 19087	Address
will@whitmanllc.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

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 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

William Whitman	610	572-2860
_____	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.

PsiOxus Therapeutics Inc.

1. (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 61-1845025 (State or country under the law of which it is incorporated) (FEI number, if applicable)

3. October 28, 2016 (Date of incorporation) 4. (Date of duration, if other than perpetual)

5. February 1, 2019 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

6. 5110 Campus Meeting Drive, Plymouth Meeting, PA 19462 (Principal office address)

7. (Current mailing address, if different)

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

Name: C T Corporation System

1200 South Pine Island Road

Office Address: 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

Phally Sea

Phally Sea, Asst. 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: Dr. John Beadle
Address: PsiOxus House, 4-10 The Quadrant, Abingdon Oxon UK OX14 3YS

Vice Chairman: Priya Mande
Address: PsiOxus House, 4-10 The Quadrant, Abingdon Oxon UK OX14 3YS

Director: _____
Address: _____

Director: _____
Address: _____

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B. OFFICERS

President: Dr. John Beadle
Address: PsiOxus House, 4-10 The Quadrant, Abingdon Oxon UK OX14 3YS

Vice President: Priya Mande
Address: PsiOxus House, 4-10 The Quadrant, Abingdon Oxon UK OX14 3YS

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. PRIYA MANDE VC
(Typed or printed name and capacity of person signing application)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PSIOXUS 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 NINTH DAY OF APRIL, A.D. 2019.


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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PSIOXUS THERAPEUTICS INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2016.

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

FILED
APR 09 2019
SECRETARY OF STATE
DELAWARE




Jeffrey W. Bullock, Secretary of State

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SR# 20192695830

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

Authentication: 202611186

Date: 04-09-19