

F19000005182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

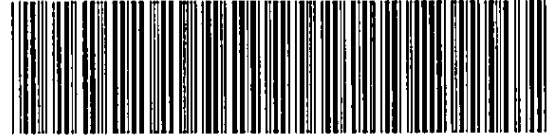
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700337018747


NOV 15 AM 10:48

NOV 15 AM 10:48

NOV 18 2019

M. SOLOMON

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

ACCOUNT NO. : I20000000195  
REFERENCE : 053011 7394884  
AUTHORIZATION :   
COST LIMIT : \$ 70.00

ORDER DATE : November 15, 2019

ORDER TIME : 4:07 PM

ORDER NO. : 053011-005

CUSTOMER NO: 7394884

FOREIGN FILINGS

NAME: CYTOKINETICS, INCORPORATED

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cytokinetics, Incorporated

\_\_\_\_\_  
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:

Mark Schlossberg

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

Cytokinetics, Incorporated

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

280 E. Grand Avenue

\_\_\_\_\_  
Address

South San Francisco, CA 94080

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

mschlossberg@cytokinetics.com

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

For further information concerning this matter, please call:

Mark Schlossberg

650

624-3297

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. Cytokinetics, Incorporated  
(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. 94-3291317  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 5, 1997 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. November 11, 2019  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 280 E. Grand Ave, South San Francisco, CA 94080  
(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  
1201 Hays Street  
Office Address: 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: \_\_\_\_\_

(Registered agent's signature)

**Harry B. Davis**  
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.

2018 NOV 15 AM 10:48

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

**A. DIRECTORS**

Chairman: L. Patrick Gage  
280 E. Grand Ave, South San Francisco, CA 94080  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

Director: Robert Califf  
280 E. Grand Ave, South San Francisco, CA 94080  
Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Santo J. Costa  
280 E. Grand Ave, South San Francisco, CA 94080  
Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

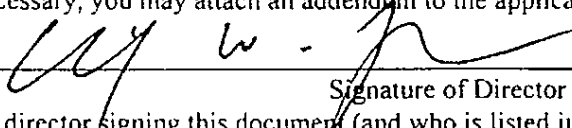
President: Robert I. Blum  
280 E. Grand Ave, South San Francisco, CA 94080  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

Secretary: Mark A. Schlossberg  
280 E. Grand Ave, South San Francisco, CA 94080  
Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: Ching W. Jaw  
280 E. Grand Ave, South San Francisco, CA 94080  
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. Ching W. Jaw, Chief Financial Officer  
(Typed or printed name and capacity of person signing application)