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## FOREIGN PROFIT/NONPROFIT CORPORATION SYNDAX PHARMACEUTICALS, INC.

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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 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| "Inc.," "Co.," "(   | corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")   | " "COMPANY," "CORPORATION,"  |
|---|---|--|
| (If name unavai   | lable in Florida, enter alternate corporate name  | adopted for the purpose of transacting business in Florida)  |
| DELAWARE  |   |  |
| (State or count   | ry under the law of which it is incorporated)   | (FEI number, if applicable)  |
| 10/11/2005  | <b>5</b> .  |  |
| (Date of incorporation) 5.  |   | (Date of duration, if other than perpetual)  |
| 01/03/2020  |   |  |
|   | (Date first transacted business in<br>(SEE SECTIONS 607.1501 & 607.15   | n Florida, if prior to registration)<br>502, F.S., to determine penalty liability)   |
| Gatehouse Dr  | ive, Building D, Floor 3, Waltham, MA 02451   |  |
|   | (Principal offi   | ce street address)   |
| <del></del>   |   |  |
| Same and <u>stre</u>  | (Current mailir<br>et address of Florida registered agent: (P.C<br>United Agent Group Inc.  | ੜ'   |
| Name:   | et address of Florida registered agent: (P.C  | ). Box NOT acceptable)   |
| Name:   | et address of Florida registered agent: (P.C<br>United Agent Group Inc.<br>801 US Highway 1<br>North Palm Beach   | D. Box NOT acceptable)   |
| Name:   | United Agent Group Inc.  801 US Highway 1   | D. Box NOT acceptable) , Florida \( \frac{33408}{(Zip code)} \)  |
| Name:<br>ice Address:<br>Registered agving been namignated in this<br>ther agree to c | United Agent Group Inc.  801 US Highway I  North Palm Beach  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointn   | D. Box NOT acceptable) , Florida 33408 , Florida (Zip code)  Coe of process for the above stated corporation at the paper as registered agent and agree to act in this capacite elative to the proper and complete performance of my |
| Name: ice Address: Registered aging been namignated in this her agree to c            | United Agent Group Inc.  801 US Highway I  North Palm Beach  (City)  ent's acceptance:  ed as registered agent and to accept service  application, I hereby accept the appointnes  omply with the provisions of all statutes re with and accept the obligations of my pos | D. Box NOT acceptable) , Florida 33408 , Florida (Zip code)  Coe of process for the above stated corporation at the paper as registered agent and agree to act in this capacite elative to the proper and complete performance of my |

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

| A. DIRECTORS   | ·  |                        |  |  |  |
|--|--|------------------------|--|--|--|
| □ Chairman   | Name: Briggs W. Morrison, M.D.           | Chairman               | Name: Michael A. Metzger                 |  |  |
| □Vice Chairman   | Address:                                 | □Vice Chairman         | Address:                                 |  |  |
| Director   | 35 Gatehouse Drive, Building D. Floor 3, | <b>■</b> Director      | 35 Gatehouse Drive, Building D. Floor 3, |  |  |
| □President   | Waltham, MA 02451                        | President              | Waltham, MA 02451                        |  |  |
| □Vice President  |  | □Vice President        | -  |  |  |
| □ Secretary  | ☐ Treasurer                              | □ Secretary            | □Treasurer                               |  |  |
| Other CEO  | Other                                    | ■Other                 | Other                                    |  |  |
| Chairman   | Name: Michael L. Meyers, M.D., Ph.D.     | □ Chairman             | Name: Peter Ordentlich, Ph.D.            |  |  |
| □Vice Chairman   | Address:                                 | □Vice Chairman         | Address:                                 |  |  |
| □Director  | 35 Gatehouse Drive, Building D, Floor 3  | ☐ Director             | 35 Gatehouse Drive, Building D. Floor 3, |  |  |
| □President   | Waltham, MA 02451                        | □President             | Waltham, MA 02451                        |  |  |
| □Vice President  |  | □Vice President        |  |  |  |
| Secretary  | ☐ Treasurer                              | □ Secretary  Chief Sci | □Treasurer<br>entific Officer            |  |  |
| ■Other Chief Me  | dical Officer                            | Other and Found        |  |  |  |
| □Chairman  | Name:                                    | □Chairman              | Name: Dennis G. Podlesak                 |  |  |
| □Vice Chairman   | Address:                                 | □Vice Chairman         | Address:                                 |  |  |
| □Director  | 35 Gatehouse Drive, Building D. Floor 3  | ■ Director             | 35 Gatehouse Drive, Building D. Floor 3  |  |  |
| □ President  | Waltham, MA 02451                        | □President             | Waltham, MA 02451                        |  |  |
| Ovice President  |  | □Vice President        |  |  |  |
| Secretary  | Treasuter                                | □Secretary             | Treasurer                                |  |  |
| ■Other CFO   | Other                                    | □Other                 | Other                                    |  |  |
| Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  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 fellony as provided for in s.817.155, F.S. |  |                        |  |  |  |
| Saray D)idji,  | Attorney-in-Fact                         |                        |  |  |  |

## SYNDAX PHARMACEUTICALS, INC.

CONT 11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors

Director:

Fabrice Egros, Ph.D. 35 Gatehouse Drive, Building D, Floor 3 Waltham, MA 02451

Director:

Jennifer Jarrett 35 Gatehouse Drive, Building D, Floor 3 Waltham, MA 02451

Director:

Keith A. Katkin 35 Gatehouse Drive, Building D, Floor 3 Waltham, MA 02451

Director:

Pierre Legault 35 Gatehouse Drive, Building D, Floor 3 Waltham, MA 02451

Director:

William Meury 35 Gatehouse Drive, Building D, Floor 3 Waltham, MA 02451



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

DELAWARE, DO HEREBY CERTIFY "SYNDAX PHARMACEUTICALS, 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 THIRD DAY OF JANUARY, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYNDAX PHARMACEUTICALS, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2005.

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

e at com delaware gov/auti

Authentication: 202117288

Date: 01-03-20