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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 290-3338  
Fax Number : (954) 208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Praxis Precision Medicines, Inc.**

Certificate of Status	0
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Page Count	05
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2020 JAN 17 PM 2:26

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2020 JAN 17 P 1:10  
TALLAHASSEE, FLORIDA  
JAN 27 2020

# 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.

Praxis Precision Medicines, Inc.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DE \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/1/2020 \_\_\_\_\_ 5. 47-5195942 \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1/1/2020 \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Broadway, 16th Floor, Cambridge Ma 02142 \_\_\_\_\_  
(Principal office address)

One Broadway, 16th Floor, Cambridge, Ma 02142 \_\_\_\_\_  
(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)

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## 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.*

By: Bree Zahner C T Corporation System  
Bree Zahner, Assistant 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.

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

**A. DIRECTORS**Chairman: see attached for list of directors and officersAddress: \_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_**B. OFFICERS**President: see attached for list of directors and officersAddress: \_\_\_\_\_  
\_\_\_\_\_

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. Stuart Chaffee, Chief Business Officer

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

Name	Address	Title
Kiran Reddy	One Broadway, 16th Floor, Cambridge, Ma 02142	Chief Executive Officer (Director/Officer)
Stuart Chaffee	One Broadway, 16th Floor, Cambridge, Ma 02142	Chief Business Officer (Officer)
Bernard Ravina	One Broadway, 16th Floor, Cambridge, Ma 02142	Chief Medical Officer (Officer)
Nicholas Galakatos	One Broadway, 16th Floor, Cambridge, Ma 02142	Chairman (Director)
Thomas Dyrberg	One Broadway, 16th Floor, Cambridge, Ma 02142	Director
Stefan Vitorovic	One Broadway, 16th Floor, Cambridge, Ma 02142	Director
Ari Brettman	One Broadway, 16th Floor, Cambridge, Ma 02142	Director
Paul Medeiros	One Broadway, 16th Floor, Cambridge, Ma 02142	Director
Gregory Norden	One Broadway, 16th Floor, Cambridge, Ma 02142	Director
Alfred Sandrock	One Broadway, 16th Floor, Cambridge, Ma 02142	Director
William Young	One Broadway, 16th Floor, Cambridge, Ma 02142	Director

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRAXIS PRECISION MEDICINES, 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 EIGHTH 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5830398 8300

SR# 20200140911

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202144134

Date: 01-08-20