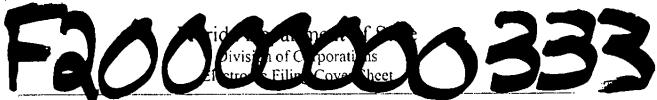
Division of Corporations



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To:	Division of Corporations Fax Number : (850)617-6383			·
From:	Account Name : C T CORPORATION SY Account Number : FCA000000023 Phone : (614)290-3338 Fax Number : (954)298-0845	YSTEM		
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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 TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Praxis Precision	Medicines, Inc.		
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORAT	110N,"
(It name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transa	acting business in Florida)
DE	•		-
(State or countr	y under the law of which it is incorporated)	(FEI number,	if applicable)
1/1/2020 4.		47-5195942	
(Date	of incorporation) 5.	(Date of duration, if o	ther than perpetual)
1/1/2020 6.			
One Broadway, I	(SEE SECTIONS 607.1501 & 607.16th Floor, Cambridge Ma 02142	in Florida, if prior to registration) 502, F.S., to determine penalty li	iability)
	(Princi	pal office address)	
One Broadway, 1	6th Floor, Cambridge, Ma 02142		
	(Current maili	ng address, if different)	2020 J
8. Name and stree	et address of Florida registered agent: (P.)	O. Box NOT acceptable)	
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation,	, Florida	
	(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.

By: 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
See attached for list of directors and officers Chairman:
Address:
Vice Chairman:
Address:
Audicss
Director:
Address:
Director:
Address:
B. OFFICERS
see attached for list of directors and 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. Dr.
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 Fioor, 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

The First State

Page 1

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.

Authentication: 202144134

Date: 01-08-20