

FA 00000001354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

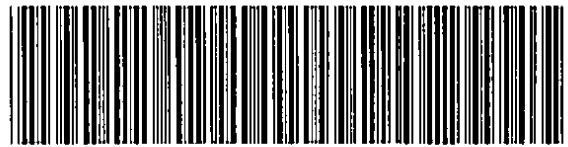
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

US

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPERANZA THERAPEUTICS INC.

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:

JOSEPH C BISSONNETTE CPA

Name of Person

JOSEPH C BISSONNETTE & CO., LLC

Firm/Company

102 WOLCOTT RD

Address

WOLCOTT, CT 06716

City/State and Zip code

jbissonnette@jcbcpa.com

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

For further information concerning this matter, please call:

JOSEPH BISSONNETTE

at (203) 879-4329

Name of Person

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. SPERANZA THERAPEUTICS INC.

(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. 844120477  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/2019 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 433 PLAZA REAL SUITE 275 BOCA RATON, FL 33432  
(Principal office street address)

(Current mailing address, if different)

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

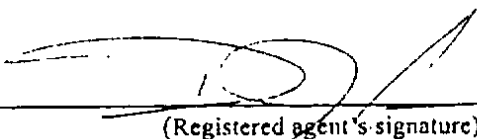
Name: DARRIN CARRICO

Office Address: 433 PLAZA REAL SUITE 275

BOCA RATON, FL, Florida 33432  
(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.*

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

☐ Chairman Name: DARRIN CARRICO

☐ Vice Chairman Address: 6183 ARTISAN WAY

☐ Director SAN DIEGO, CA 92130

☒ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman      Name: \_\_\_\_\_  
☐ Vice Chairman      Address: \_\_\_\_\_  
☐ Director      \_\_\_\_\_  
☐ President      \_\_\_\_\_  
☐ Vice President      \_\_\_\_\_  
☐ Secretary      \_\_\_\_\_  
☐ Treasurer      \_\_\_\_\_  
☐ Other \_\_\_\_\_

☐ Chairman      Name: \_\_\_\_\_

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

☐ Director      \_\_\_\_\_

☐ President      \_\_\_\_\_

☐ Vice President      \_\_\_\_\_

☐ Secretary      ☐ Treasurer

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

12. \_\_\_\_\_  
Signature of Director or Officer

13. Doreen J. Caputo, Chief Marketing Officer  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPERANZA THERAPEUTICS, INC." IS ONLY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2020.

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SECRETARY OF STATE  
DELAWARE

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPERANZA THERAPEUTICS, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2019.

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



7614075 8300

SR# 20201429207

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

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202446999

Date: 02-24-20

ENGLISH

SEARCH

[EN ESPAÑOL \(HTTPS://WWW.DELAWARELLC.COM/ES\)](https://www.delawarellc.com/es)

(//)

**CERTIFICATE OF GOOD STANDING SERVICE****Your Certificate of Good Standing will be sent by email only.**

Orders are processed Monday through Friday only. Please choose the speed of service required:

☒ **Standard Service (2 Business Days)**

Your order will be processed within 2 business days.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Cost: \$99.00**

☐ **Rush Service (Same Day)**

Order needs to be submitted by 1 PM EST

Your order will be processed the same day.

**Cost: \$124.00**

☐ **Express Service (2 Hours)**

Order needs to be submitted by 2 PM EST

Your order will be processed within 2 hours.

**Cost: \$149.00**

## Joe Bissonnette

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**From:** filings@delawareinc.com  
**Sent:** Monday, February 24, 2020 2:27 PM  
**To:** Joe Bissonnette  
**Subject:** SPERANZA THERAPEUTICS, INC  
**Attachments:** gs 2-24-20.pdf

Thank you for your recent order.

Attached you will find a Certificate of Good Standing for the above referenced entity. Please print this document and keep it with your corporate records.

**PLEASE NOTE: The attached is considered an original by the State of Delaware. All certificates from the Delaware Division of Corporations are printed in black ink on standard white paper with the Secretary's seal and signature. The use of black and white certificates allows Delaware to email the original. Typically the good standing is valid for 60 days.**

We would like to thank you once again and wish you the best of luck. You can help us by telling a friend or business associate about our services. If you have any questions or require anything further, please do not hesitate calling us using our toll-free number.

Thank you,

Filings Team

Harvard Business Services, Inc.  
16192 Coastal Highway  
Lewes, DE 19958 USA  
Tel. 302-645-7400 ext 6910 / 800-345-2677  
Fax. 302-645-1280

[filings@delawareinc.com](mailto:filings@delawareinc.com)  
[www.delawareinc.com](http://www.delawareinc.com)  
Skype: Delawareinc

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