## F200002366

(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:				
W20000044918				
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Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Intera Oncology			
	ame of corporation - 1	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of Existence," or "Certificate of the corporation of the corporati	icate of Good Standir	thorization to Transact Business in Flor ng" and check are submitted to register : in Florida.	rida," the
Please return all correspondence con	cerning this matter to	the following:	
Merle Solamon			
	Name of Per	rson	<u>.                                    </u>
Intera Oncology			
	Firm/Compa	ny	
65 William Street, Suite 200			
	Address		
Wellesley, MA 02481			
	City/State and	Zin code	
msolomon@interaoncology.com		,	
	dress: (to be used for	future annual report notification)	
Sor further information concerning t	hic mattar, plagra call		
For further information concerning t	ms matter, piease can	•	202
Merle Solomon	508 at (	904-0592 (cell)	<u>ت</u> : ٔ ٔ ٔ ٔ
Name of Person	Area Code	Daytime Telephone Number	2020 E 22
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	AH 7: 53
	DA DEPARTMENT O Filing Fee &	F STATE  78.75 Filing Fee &  Certified Copy  Certified C	of Status

### 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.

"Inc.," "Co.," "C	orporation; must include "INCORPORATED. orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
Intera Oncology	,		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
Delaware	3.	(FEI number, if applicable)	
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)	
1/25/2019	5.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
	Suite 200 Wellecley MA 02481		
oo william Succ	t, Suite 200, Wellesley, MA 02481  (Principal off	ice <u>street</u> address)	
65 William Street	(Principal off	<del></del>	
	(Principal off	<del></del>	
	(Principal off	ng address, if different)	
Name and stre Name:	(Principal off (Current mailin et address of Florida registered agent: (P.C	ng address, if different)  2.	
Name and stre	(Principal off  (Current mailing)  et address of Florida registered agent: (P.C.)  Sharon Hayter Smith  2764 Countryside Blvd, Apt. 2	<del></del>	

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.



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:	
Address:	
- Lacat	
Vice Chairman:	
Address.	
	<u>·                                      </u>
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President:	-
Address:	7.0
	2070 1::
Vice President:	22
Address:	2 Ail
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional of	fficers and/or directors.
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) affir are true and that he or she is aware that false information submitted in a document to the	the fact that the fact of the
a third degree felony as provided for in s.817.155. F.S.  13. MICHAEL GAISFORD ED + 1  (Typed or printed name and capacity of person signing application)	on)

#### Intera Oncology, Inc.

#### Officers:

President – Jonathan D. Reis, Intera Oncology, 65 William Street, Suite 200, Wellesley, MA 02481 (home) 146 Winthrop Street, Unit A, Brookline, MA 02445

Secretary & Treasurer – David Dove, Intera Oncology, 65 William Street, Suite 200, Wellesley, MA 02481 (home) 101 Old Stone Highway, East Hampton, NY 11937

CEO & Director- Michael Gaisford, Intera Oncology, 65 William Street, Suite 200, Wellesley, MA 02481 (home) 15 Village Lane, Berlin, MA 01503

#### **Board of Directors:**

Chairman of the Board - David Dove, Intera Oncology, 65 William Street, Suite 200, Wellesley, MA 02481

Joseph Baron, Intera Oncology, 65 William Street, Suite 200, Wellesley, MA 02481 (home) 31 Shirley Road, Wellesley, MA 02482

Jonathan D Reis, Intera Oncology, 65 William Street, Suite 200, Wellesley, MA 02481 Michael Gaisford, Intera Oncology, 65 William Street, Suite 200, Wellesley, MA 02481 Josh Goldberg, G2 Investment Partners, 1 Rockefeller Plaza, 23<sup>rd</sup> Floor, New York, NY 10020

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INTERA ONCOLOGY 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 FOURTEENTH DAY OF APRIL, 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 "INTERA ONCOLOGY INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2019.

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



Authentication: 202764106

Date: 04-14-20

7252507 8300 SR# 20202807530



May 6, 2020

MERLE SOLOMON 65 WILLIAM ST STE 200 WELLESLEY, MA 02481 US

SUBJECT: INTERA ONCOLOGY, INC.

Ref. Number: W20000044918

We have received your document for INTERA ONCOLOGY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 320A00009337

Sec following pages of avenissing pages addiesses + names

RECEIVED MAY 22 2020