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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)280-3338 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.\*\*

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## •

### FOREIGN PROFIT/NONPROFIT CORPORATION

Y-mAbs Therapeutics, Inc.

Certificate of Status	0
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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	orporation; must include "INCORPORATED,"	<del> </del>	<u></u>
	orporation; must include "INCORPORATED," ` orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	ON, '
,	,,,,		
If name unavails	ble in Florida, enter alternate corporate name ad	opted for the purpose of transact	ing business in Florida)
Delaware	3		
(State or country	y under the law of which it is incorporated)	(FEI number, if a	ipplicable)
4/20/2016			
(Date	of incorporation) 5.	(Date of duration, if other	er than perpetual)
,	•		
<del></del>	(Date first transacted business in I	lorida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.150		ility)
30 PARK AVE	STE 3350, New York, NY 10169		Œ
	(Deiroina)	At a sufficient X	<del></del>
	(гинера	office address)	
	(ттистра:	office address)	
		address, if different)	
Name and stree		address, if different)	<u></u>
	(Current mailing	address, if different)	
Name and <u>stree</u> Name:	(Current mailing et address of Florida registered agent: (P.O. C T Corporation System	address, if different)	
	(Current mailing	address, if different)	
Name:	(Current mailing  a address of Florida registered agent: (P.O.  C T Corporation System  1200 South Pine Island Road	address, if different)  Box NOT acceptable)	
Name:	(Current mailing  a address of Florida registered agent: (P.O.  C T Corporation System  1200 South Pine Island Road	address, if different)  Box NOT acceptable)	
Name: fice Address:	(Current mailing  st address of Florida registered agent: (P.O.  C T Corporation System  1200 South Pine Island Road  Plantation,  (City)	address, if different)  Box NOT acceptable)	
Name: fice Address:	(Current mailing  a address of Florida registered agent: (P.O.  C T Corporation System  1200 South Pine Island Road  Plantation,  (City)	address, if different)  Box NOT acceptable) , Florida 33324 (Zip code)	of decornary of the n
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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 List Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
Address:
B. OFFICERS
See Attached List 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. Chramin Kent
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. Christine Kelm, Secretary  (Typed or printed name and capacity of person signing application)
(1 yped of printed name and capacity of person signing apprecation)

### **LIST OF OFFICERS & DIRECTORS**

#### **DIRECTORS**

Thomas Gad

230 Park Avenue Suite 3350, New York, NY 10169 – USA

Claus Moller

230 Park Avenue Suite 3350, New York, NY 10169 – USA

Johan Wedell-Wedellsnborg

Agern Alle 11, Ground Floor, Horsholm, Denmark 2970

Agern Alle 11, Ground Floor, Horsholm, Denmark 2970

Ashutosh Tyagi

230 Park Avenue Suite 3350, New York, NY 10169 – USA

James I. Healy

230 Park Avenue Suite 3350, New York, NY 10169 – USA

David N. Gill 230 Park Avenue Suite 3350, New York, NY 10169 - USA

Laura J. Hamili 230 Park Avenue Suite 3350, New York, NY 10169 – USA

#### **OFFICERS**

Thomas Gad - President 230 Park Avenue Suite 3350, New York, NY 10169 – USA

Claus Moller - CEO 230 Park Avenue Suite 3350, New York, NY 10169 - USA

Bo Kruse - Secretary, Treasurer Agern Alle 11, Ground Floor, Horsholm, Denmark 2970

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "Y-MABS THERAPEUTICS, 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 TWENTY-THIRD DAY OF JULY, 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.

and corn delaware gov/auth

Authentication: 203334661

Date: 07-23-20