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To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

**\*\*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  
CYTOVIA THERAPEUTICS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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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.

1. Cytovia 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

(State or country under the law of which it is incorporated)

3. EIN - 84-1951031

(FEI number, if applicable)

4. May 31, 2019

(Date of incorporation)

5. N/A

(Date of duration, if other than perpetual)

6. July 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. Brickell BayView Center, 80 S.W. 8th Street, Suite 2000, Miami 33130

(Principal office address)

(Current mailing address, if different)

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

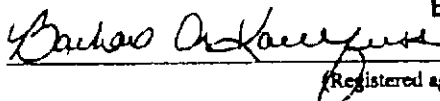
Tallahassee, Florida 32301

(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.*



Barbara A. Kaulfuss, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

(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: Daniel Teper, Co-Founder, Chairman and CEOAddress: Brickell BayView Center, 80 S.W. 8th Street, Suite 2000, Miami 33130, USAVice Chairman: N/A

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

Director: Massimo RadaelliAddress: Noventia Pharma, 9 route de Cernaux, 1091 Bourg en Lavaux  
SwitzerlandDirector: Laurent AudolyAddress: Parthenon Therapeutics  
197 Rawson Road Number 1, Brookline, 02445, MA, USA**B. OFFICERS**President: Daniel Teper

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

Vice President: N/A

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

Secretary: Sophie BadréAddress: Brickell BayView Center, 80 S.W. 8th Street, Suite 2000, Miami 33130, USATreasurer: Daniel TeperAddress: Brickell BayView Center, 80 S.W. 8th Street, Suite 2000, Miami 33130, USA**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. Sophie Badré, Secretary

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

(Continued\_document\_Authorization\_to\_transact\_Business\_in\_Florida - Page 2)

**Additional Board Directors\_Cytovia Therapeutics, INC**  
**July 16, 2020**

<b>DIRECTOR</b>	<b>ADDRESS</b>
<b>Dr. Leila Alland, MD</b>	<b>PMV Pharmaceuticals, Inc</b> 8 Clarke Dr #3, East Windsor, NJ 08512, USA
<b>Michael Friedman, MD</b>	<b>Emeritus Cancer Center Director</b> <b>City of Hope</b> 3535 Ranch Top Road Pasadena, California 91107
<b>Tom Robinson, MBA</b>	<b>Robinson Butler LLC</b> 7 Stone Crossing Way Hopkinton, MA 01748, USA
<b>Gilles Seydoux, PharmD</b> <b>Co-Founder and Board Director</b>	<b>Cytovia Therapeutics, Inc</b> COO Brickell BayView Center, 80 S.W. 8th Street, Suite 2000, Miami 33130, USA
<b>Daniel Teper, MBA, PharmD</b> <b>Co-Founder &amp; Chairman</b>	<b>Cytovia Therapeutics, Inc</b> Brickell BayView Center, 80 S.W. 8th Street, Suite 2000, Miami 33130, USA
<b>Jane Wasman</b>	<b>JWasman Advisors</b> 246 West End Ave., #9C, New York, NY 10023.

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CYTOVIA 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-EIGHTH 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 SAID "CYTOVIA THERAPEUTICS, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2019.

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



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SR# 20206438945

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", written over a horizontal line.

Authentication: 203357958

Date: 07-28-20

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