

8/25/2020

Division of Corporations

F2000003794

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000295240 3)))



H200002952403ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

Please keep original
filing date of 8/25/2020

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.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Prometheus Therapeutics Inc.

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

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 28 2020

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.

Prometheus Therapeutics Inc.

1. Prometheus 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. DE 3. 47-2704779
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 3rd, 2014 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. 19700 Stirling Rd., Suite 1 Pembroke Pines, FL 33332
(Principal office address)
- _____ (Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System
by Kimberly Laughrey, Asst. Secretary

By: _____
(Registered agent's signature)

Kimberly Laughrey

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: _____

Vice Chairman: _____

Address: _____

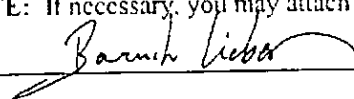
Director: Marc Litzenberg
_____Address: 19700 Stirling Rd., Suite 1
_____Pembroke Pines, FL 33332
_____Director: Ajay Wakhloo
_____Address: 19700 Stirling Rd., Suite 1
_____Pembroke Pines, FL 33332

B. OFFICERS

President: Marc Litzenberg
_____Address: 19700 Stirling Rd., Suite 1
_____Pembroke Pines, FL 33332

Vice President: _____

Address: _____

Secretary: Marc Litzenberg
_____Address: 19700 Stirling Rd., Suite 1 Pembroke Pines, FL 33332
_____Treasurer: Marc Litzenberg
_____Address: 19700 Stirling Rd., Suite 1 Pembroke Pines, FL 33332
_____**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.

Baruch Lieber, CEO

13. _____

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

ADDENDUM
TO
APPLICATION BY FOREIGN CORPORATION
OF
PROMETHEUS THERAPEUTICS INC..

Directors & Officers:

Director	Baruch Lieber	19700 Stirling Rd., Suite 1 Pembroke Pines, FL 33332
Chief Executive Officer	Baruch Lieber	19700 Stirling Rd., Suite 1 Pembroke Pines, FL 33332
Chief Medical Officer	Ajay Wakhloo	19700 Stirling Rd., Suite 1 Pembroke Pines, FL 33332
Chief Scientific Officer	Baruch Lieber	19700 Stirling Rd., Suite 1 Pembroke Pines, FL 33332
Asst. Secretary	John D. Patterson, Jr.	19700 Stirling Rd., Suite 1 Pembroke Pines, FL 33332
Asst. Secretary	Jennifer A. Lichtman	19700 Stirling Rd., Suite 1 Pembroke Pines, FL 33332

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROMETHEUS 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-FIFTH DAY OF AUGUST, 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.



5547952 8300

SR# 20206929397

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203534233

Date: 08-25-20