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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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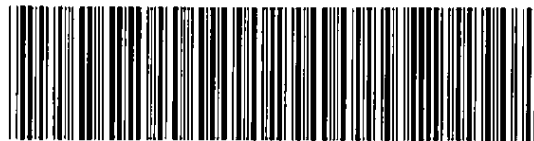
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/9/20

NAME: PALETT LIFE SCIENCES, INC

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

**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. Palette Life Sciences, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/06/2018 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. 180 State Street, Suite 201, Southlake, TX 76092
(Principal office street address)

(Current mailing address, if different)

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr., Suite A

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.

/s/ Kristin Helgaard, Assistant Secretary
(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]:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: Per Lango
☐ Vice Chairman Address: 180 State Street, Suite 201
☒ Director Southlake, TX 76092
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Executive Officer ☐ Other _____

☐ Chairman Name: Hank Courson
☐ Vice Chairman Address: 180 State Street, Suite 201
☒ Director Southlake, TX 76092
☐ President _____
☐ Executive Vice President _____
☒ Secretary ☒ Treasurer
☒ Other Chief Financial Officer ☐ Other _____

☐ Chairman Name: Mattias Klintemar
☐ Vice Chairman Address: 27 East Cota Street, Suite 402
☒ Director Santa Barbara, CA 93101
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Travis Gray
☐ Vice Chairman Address: 27 East Cota Street, Suite 402
☐ Director Santa Barbara, CA 93101
☐ President _____
☐ Executive Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Commercial Officer ☐ Other _____

☐ Chairman Name: Ole Mikkelsen
☐ Vice Chairman Address: 27 East Cota Street, Suite 402
☐ Director Santa Barbara, CA 93101
☐ President _____
☐ Executive Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Operating Officer ☐ Other _____

☐ Chairman Name: Paul de Potocki
☐ Vice Chairman Address: 27 East Cota Street, Suite 402
☒ Director Santa Barbara, CA 93101
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Hank Courson, Chief Financial Officer
(Typed or printed name and capacity of person signing application)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALETTE LIFE SCIENCES, 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 TWELFTH DAY OF OCTOBER, 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 "PALETTE LIFE SCIENCES, INC." WAS INCORPORATED ON THE SIXTH DAY OF JUNE, A.D. 2018.

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



6919657 8300

SR# 20207777670

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203844149

Date: 10-12-20