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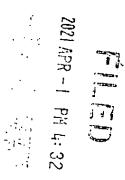
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## COVER LETTER

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**:**-

TO: Registration Section Division of Corporations					
SUBJECT: Sio Gene Therapies Inc					
NOBJECT. N	lame of corporation	- must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Forei "Certificate of Existence," or "Certi above referenced foreign corporatio	ficate of Good Stan	ding" and check are submitt	usiness in Fl ted to registe	orida." r the	,
Please return all correspondence cor	ncerning this matter	to the following:			
Ryan McHenry				207	
	Name of	Person	e 11	2	
Sio Gene Therapies Inc.				720	ر مصدر مصدر
	Firm/Com	pany			1
130 West 42nd St., 26th Floor				E.	11
New York, NY 10036	Addre	ess	7454	PM 4: 3;	
	City/State a	nd Zin code	147	2	
ryan.mchenry@siogtx.com	Chy/State a	nu zip couc			
· -	ddress: (to be used t	or future annual report noti	fication)		
For further information concerning	this matter, please c	all:			
Ryan McHenry	646	495-5341			
Name of Person	Area Cod	e Daytime Telephon	e Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ion orations			
-	DA DEPARTMENT		□ \$87.50 Fi Certificat Certified	te of St	

## 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.

(If name unavails	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting bu	siness in Florida)	_ )
Dularena	·	85-3863315		
State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		_
11/12/2020				
(Date 01/01/2021	of incorporation)	(Date of duration, if other than perpetual)		_
	(SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 02, F.S., to determine penalty liability)	APR -	7
7. 130 West 42nd St	., 26th Floor New York, NY 10036			1 -777
	(Principal offic	e <u>street</u> address)	PH 4:	
	(Current mailing	address, if different)	32 32	
3. Name and <u>stree</u>	<u>et address</u> of Florida registered agent: (P.O	Box NOT acceptable)		
Name:	Corporation Service Company			
Office Address:	1201 Hays St.			
	Tallahassee	Florida 32301 (Zip code)		
	(City)	(Zip code)		
	ent's acceptance:	e of process for the above stated cor ent as registered agent and agree to		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS			
□Chairman	Name: Pavan Cheruvu	□Chairman	Name: Parag Meswani
□Vice Chairman	Address: 130 W. 42nd St, 26th Floor	□Vice Chairman	Address: 130 West 42nd St., 26th Floor
Director	New York, NY 10036	□Director	New York, NY 10036
□President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	☐ Secretary	□Treasurer
■Other CEO	Other	CCO CCO	. Other
□ Chairman	Name:	□Chairman	Name: Ryan McHenry
	Address: 130 West 42nd St., 26th Floor	□Vice Chairman	130 West 42nd St., 26th Floor
□Director	New York, NY 10036	□Director	New York, NY 10036
□President	·	□President	77 APR
□Vice President		□Vice President	
■ Secretary	■Treasurer	☐ Secretary	Treasurer (
■Other CFO		Asst Secre	etary E Others
	Gavin Corcoran		
□Chairman		□Chairman	Name: Frank Torti
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	10030	■ Director	New York, NY 10036
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
Chief R&	D Office	□Other	Other
Important Notice: Undividuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department Signature of Director on	nt of State Annual Re	I for reporting purposes only. Non-indexed port form.
	<del>-</del>		

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. Ryan McHenry, Assistant Secretary

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SIO GENE THERAPIES 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 EIGHTEENTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIO GENE THERAPIES INC." WAS INCORPORATED ON THE TWELFTH DAY OF NOVEMBER A.D. 2020.

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

Jeffrey W. Buddech, Secretary of Basic

Authentication: 202765667

Date: 03-18-21

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