

F21000002793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICKUP

☐

WAIT

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MAIL

(Business Entity Name)

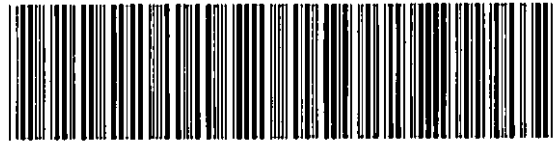
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Certified Copies _____

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2021 MAY 20 AM 9:39

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ALABAMA SECRETARY OF REVENUE

MAY 21 2021

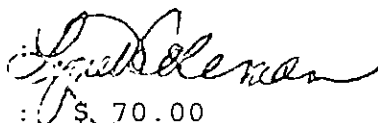
RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 754411 7692416

AUTHORIZATION



COST LIMIT : \$70.00

ORDER DATE : April 12, 2021

ORDER TIME : 9:36 AM

ORDER NO. : 754411-060

CUSTOMER NO: 7692416

FOREIGN FILINGS

NAME: DICERNA PHARMACEUTICALS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dicerna Pharmaceuticals, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------|

**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. Dicerna Pharmaceuticals, 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 3. 20-5993609
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/24/2006 5. perpetual
(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. 75 Hayden Avenue Lexington, MA 02421
(Principal office street address)
- _____
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2021 MAY 20 AM 9:39

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.

Corporation Service Company

By: Michele L. Abbott

(Registered agent's signature) Michele L. Abbott, Asst. Vice President

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]:

A. DIRECTORS☐ Chairman Name: See attached☐ Vice Chairman Address: _____☐ Director _____☐ President _____☐ Vice President _____☐ Secretary ☐ Treasurer☐ Other _____ ☐ Other _____☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Director _____☐ President _____☐ Vice President _____☐ Secretary ☐ Treasurer☐ Other _____ ☐ Other _____☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Director _____☐ President _____☐ Vice President _____☐ Secretary ☐ Treasurer☐ Other _____ ☐ Other _____☐ Chairman Name: _____☐ Vice Chairman Address: _____☐ Director _____☐ 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 must attach the attachment when filing your Florida Department of State Annual Report form.

12. Douglas M. Fambrough
8867222FEDE240C ..

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. Doug Fambrough, President

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

Dicerna Pharmaceuticals, Inc.

Officers/Directors

Name	Title	Address
Douglas M. Fambrough, III Ph.D.	Chief Executive Officer, President, Director	75 Hayden Avenue, Lexington, MA 02421
Bob Brown Ph.D.	Chief Scientific Officer, Executive Vice President	75 Hayden Avenue, Lexington, MA 02421
Doug Pagan	Chief Accounting Officer, Chief Financial Officer	75 Hayden Avenue, Lexington, MA 02421
James B. Weissman	Chief Operating Officer, Executive Vice President	75 Hayden Avenue, Lexington, MA 02421
Ralf Rosskamp MD	Chief Medical Officer	75 Hayden Avenue, Lexington, MA 02421
Adam M. Koppel, MD Ph.D.	Director	75 Hayden Avenue, Lexington, MA 02421
Anna Protopapas	Director	75 Hayden Avenue, Lexington, MA 02421
Cynthia Smith	Director	75 Hayden Avenue, Lexington, MA 02421
J. Kevin Buchi	Chairman	75 Hayden Avenue, Lexington, MA 02421
J. Kevin Buchi	Director	75 Hayden Avenue, Lexington, MA 02421
Marc D. Kozin	Director	75 Hayden Avenue, Lexington, MA 02421
Martin I. Freed MD	Director	75 Hayden Avenue, Lexington, MA 02421
Patrick M. Gray	Director	75 Hayden Avenue, Lexington, MA 02421
Stephen Doberstein Ph.D.	Director	75 Hayden Avenue, Lexington, MA 02421
Stephen J. Hoffman, MD Ph.D.	Director	75 Hayden Avenue, Lexington, MA 02421

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DICERNA PHARMACEUTICALS, 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 SIXTH DAY OF MAY, 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 "DICERNA PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2006.

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



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

4240086 8300

SR# 20211630831

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

Authentication: 203144531

Date: 05-06-21