

F21000002979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

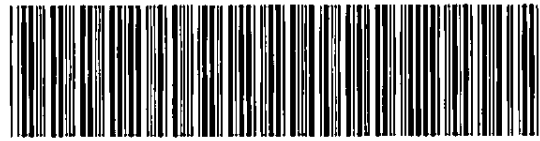
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALLAHASSEE, FLORIDA

2021 JUN -2 PM 2:17

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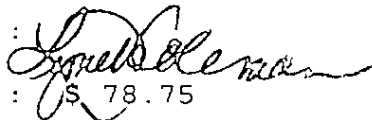
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 840536 8307477

AUTHORIZATION :

COST LIMIT : \$ 78.75



ORDER DATE : June 2, 2021

ORDER TIME : 11:52 AM

ORDER NO. : 840536-005

CUSTOMER NO: 8307477

FOREIGN FILINGS

NAME: ANTIBE THERAPEUTICS INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANTIBE THERAPEUTICS 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:

Beth Chin
Name of Person
Antibe Therapeutics Inc.
Firm/Company
15 Prince Arthur Avenue
Address
Toronto, Ontario, Canada M5R 1B2
City/State and Zip code
beth.chin@antibethera.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Chin at (905) 570 - 5103
Name of Person 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**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$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. ANTIBE 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. Canada 3. 98-1539456
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 5, 2009 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. 15 Prince Arthur Avenue, Toronto, Ontario, Canada M5R 1B2
(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 JUN -2 AM 11:58
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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: [Signature]
(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]:

A. DIRECTORS

Chairman Name: Walt Macnee
 Vice Chairman Address: 70 Rosehill Avenue
 Director Suite 705
 President Toronto, Ontario
 Vice President Canada M4T 2W7
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Roderick Flower
 Vice Chairman Address: 14 Whitehill
 Director Bradford-on-Avon, Wiltshire
 President United Kingdom BA15 1SG
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Amal Khouri
 Vice Chairman Address: 754 Upper Belmont Avenue
 Director Westmount, Quebec
 President Canada H3Y 1K4
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Daniel Legault
 Vice Chairman Address: 276 MacPherson Avenue
 Director Toronto, Ontario
 President Canada M4V 1A3
 Vice President _____
 Secretary Treasurer
 Other CEO Other _____

Chairman Name: John Wallace
 Vice Chairman Address: 110 Bloor Street West
 Director Suite 1409
 President Toronto, Ontario
 Vice President Canada M5S 2W7
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Yung Wu
 Vice Chairman Address: 668 Wellington Street West
 Director Suite 601
 President Toronto, Ontario
 Vice President Canada M5V 1E3
 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. Daniel Legault, CEO and Director
 (Typed or printed name and capacity of person signing application)

A. DIRECTORS

Chairman Name: Robert Hoffman
 Vice Chairman Address: 14637 Arroyo Hondo
 Director San Diego, California
 President United States of America 92127
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Jennifer McNealey
 Vice Chairman Address: 762 Marin Drive
 Director Mill Valley, California
 President United States of America 94941
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Request ID: 026216242
Demande n° :
Transaction ID: 79417934
Transaction n° :
Category ID: CT
Catégorie :

Province of Ontario
Province de l'Ontario
Ministry of Government Services
Ministère des Services gouvernementaux

Date Report Produced: 2021/05/28
Document produit le :
Time Report Produced: 08:02:15
Imprimé à :

CERTIFICATE OF STATUS ATTESTATION DU STATUT JURIDIQUE

This is to certify that according to the records of the Ministry of Government Services

D'après les dossiers du Ministère des Services gouvernementaux, nous attestons que la société

ANTIBE THERAPEUTICS INC.

Ontario Corporation Number

Numéro matricule de la société (Ontario)

002205405

is a corporation incorporated, amalgamated or continued under the laws of the Province of Ontario.

est une société constituée, prorogée ou née d'une fusion aux termes des lois de la Province de l'Ontario.

The corporation came into existence on

La société a été fondée le

MAY 05 MAI, 2009

and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

MAY 28 MAI, 2021



Director
Directeur