

F21000003661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

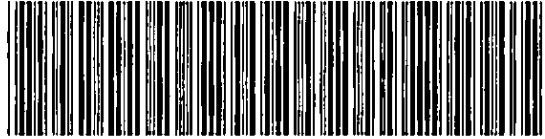
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2021 JUN 25 AM 11:50

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2021 JUN 25 PM 1:26

PM 1:26

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

ACCOUNT NO. : I20000000195

REFERENCE : 872643 8257627

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : June 21, 2021

ORDER TIME : 8:58 AM

ORDER NO. : 872643-020

CUSTOMER NO: 8257627

FOREIGN FILINGS

NAME: KARUNA THERAPEUTICS, 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: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

2021 JUN 25 PM 1:26

FBI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Karuna 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:

Jason Brown

Name of Person

Karuna Therapeutics, Inc.

Firm/Company

99 High Street, 26th Floor

Address

Boston, MA 02110

City/State and Zip code

jbrown@karunatx.com

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

For further information concerning this matter, please call:

Meagan Kalpokis

at (857) 449-2227

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. Karuna Therapeutics, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. State of Delaware 3. 27-0605902
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/24/2009 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A - subsequent to registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 99 High Street, 26th Floor, Boston, MA 02110
(Principal office street address)

99 High Street, 26th Floor, Boston, MA 02110
(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)

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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: _____

Sandra E. Blum
Sandra E. Blum, Assistant Secretary of State

(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: Steven Paul

☐ Vice Chairman Address: 99 High St, 26th Floor

☒ Director Boston, MA 02110

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Chief Executive Officer ☐ Other _____

☐ Chairman Name: Christopher Coughlin

☐ Vice Chairman Address: 99 High St, 26th Floor

☒ Director Boston, MA 02110

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: James Healy

☐ Vice Chairman Address: 99 High Street, 26th Floor

☒ Director Boston, MA 02110

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Jeff Jonas

☐ Vice Chairman Address: 99 High Street, 26th Floor

☒ Director Boston, MA 02110

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Laurie Olson

☐ Vice Chairman Address: 99 High Street, 26th Floor

☒ Director Boston, MA 02110

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Atul Pande

☐ Vice Chairman Address: 99 High Street, 26th Floor

☒ Director Boston, MA 02110


☐ 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. Troy Ignelzi, Chief Financial Officer
(Typed or printed name and capacity of person signing application)

Attachment A

| POSITION | NAME | ADDRESS |
|--|-----------------|--|
| Treasurer, Secretary, Chief Financial Officer | Troy Ignelzi | 99 High Street, 26th Floor Boston, MA 02110 |
| Director | Denice Torres | 99 High Street, 26th Floor Boston, MA 02110 |
| Director | David Wheadon | 99 High Street, 26th Floor Boston, MA 02110 |
| Director | Heather Preston | 99 High Street, 26th Floor Boston, MA 02110 |

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CLERK OF COURT

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KARUNA 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-FIRST DAY OF JUNE, 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 "KARUNA THERAPEUTICS, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2009.

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

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SR# 20212501266

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203490531

Date: 06-21-21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2021

CSC

SUBJECT: KARUNA THERAPEUTICS, INC.
Ref. Number: W21000093219

RESUBMIT
Please give original
submission date as file date.

6/25/21

We have received your document for KARUNA THERAPEUTICS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please add 6 officers to the application and the remaining officers will be scan to the file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 321A00014678

④

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