

F21000003795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

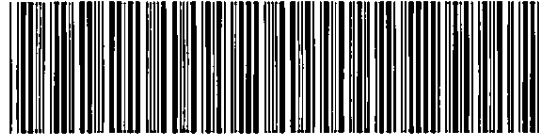
(Business Entity Name)

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DATE: 7/6/2021

NAME: ADVANTAGE THERAPEUTICS, INC.

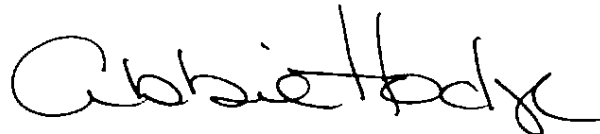
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADvantage 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:

Mark J. DeVito
Name of Person

Foley Hoag LLP
Firm/Company

Seaport West, 155 Seaport Blvd.
Address

Boston, MA 02210
City/State and Zip code

mdevito@foleyhoag.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark J. DeVito at (617) 832-1731
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. ADvantage 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. Delaware 3. 86-3737093
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 22, 2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 215 N New River Dr. E 4200, Fort Lauderdale, FL 33301
(Principal office street address)

(Current mailing address, if different)

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

Name: Agustin Fernandez Santana III

Office Address: 215 N New River Dr. E 4200

Fort Lauderdale, Florida 33301
(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.

DocuSigned by:

Agustin Fernandez Santana III
62819455A873443

(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: Agustin Fernandez Santana III
 Vice Chairman Address: 215 N New River Dr. E 4200
 Director Fort Lauderdale, FL 33301
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Jeffrey B. Madden
 Vice Chairman Address: 215 N New River Dr. E 4200
 Director Fort Lauderdale, FL 33301
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Frank Mattner
 Vice Chairman Address: 215 N New River Dr. E 4200
 Director Fort Lauderdale, FL 33301
 President _____
 Vice President _____
 Secretary Treasurer
 Other CEO Other _____

Chairman Name: Walter Schmidt
 Vice Chairman Address: 215 N New River Dr. E 4200
 Director Fort Lauderdale, FL 33301
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Robert L. Birnbaum
 Vice Chairman Address: c/o Foley Hoag LLP
 Director Seaport West, 155 Seaport Blvd.
 President Boston, MA 02210
 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 may be added to the index when filing your Florida Department of State Annual Report form.

12. Agustin Fernandez Santana III
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. Agustin Fernandez Santana III, Executive Chairman
(Typed or printed name and capacity of person signing application)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVANTAGE 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 SIXTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVANTAGE THERAPEUTICS, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2021.

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



4776729 8300

SR# 20212628219

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

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

Authentication: 203602184

Date: 07-06-21