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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone : (215)563-8113

Fax Number : (215)977-9386

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FOREIGN PROFIT/NONPROFIT CORPORATION

Frontage Laboratories, Inc.

Certificate of Status	0
Certified Copy	0
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Ta:

## 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.

	•	pted for the purpose of transacting business in Florida)		
Pennsylvania 3. (State or country under the law of which it is incorporated)				
(State or countr	y under the law of which it is incorporated)	(FEI number, it applicable)		
April 21, 2004	5			
(Date	of incerporation)	(Date of duration, if other than perpetual)		
_				
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,			
700 Panneylyania		, r.a., to determine penalty thromasy		
TOO remisyrvama	Drive, Exton, PA 19341  (Principal office 5	temat address)		
	(rimcipai office s	address)		
<del></del>	(Current mailing in	ddress af different)		
	(Current mailing as	ddress, if different)		
Name and stre	, , ,	Pov. MOT acceptable)		
	et address of Florida registered agent: (P.O. B	Box NOT acceptable)		
Name and stree	et address of Florida registered agent: (P.O. B David Willoughby, Ph.D.	Box NOT acceptable)		
Name:	et address of Florida registered agent: (P.O. B David Willoughby, Ph.D.	On MOT acceptable)		
	t address of Florida registered agent: (P.O. B David Willoughby, Ph.D. 394 SW 12th Avenue	Box NOT acceptable)		

Pavid Willoughby
(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, fist names, titles and addresses of the primary officers and/or directors (up to six (6) total):

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A. DIRECTORS							
□Chairman	Name:	□ Chairman	Name: Huan Wang				
□Vice Chairman	OVice Chairman Address: 700 Pennsylvania Drive Exton, PA 19341		Address: 200 Pennsylvania Drive Exton, PA 19341				
■Director							
<b>■</b> President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	☐ Secretary	Treasmer				
Other	Other	[]Other	Other				
□Chairman □Vice Chairman □Director	Zhihe Li Name:	□Chairman □ Vice Chairman □ Director	Name				
□President		☐ President					
■ Vice President		□Vice President					
Secretary	Treasurer	□ Secretary	☐Treasurer				
□Other	Other	Other	Other				
□Chairman	Name:	□Chairman	Name:				
Director	Contrast.	□ Director					
President		<b>-</b>					
□Vice President		□ Vice President					
Secretary	Treasurer	Secretary	[]Treasurer				
Other	Other	Other					
individuals may b	Use an attachment to report more than six (6). T ভথিৱাইটোড the index when filing your Florida De	epartment of State Annual R	ed for reporting purposes only. Non-indexed eport form.				
12	Signature of Di	rector 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.  Song Li, President  13.							
(Typed or printed name and capacity of person signing application)							

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(((H210003712273)))

To:

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

10/04/2021

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Frontage Laboratories, Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC211004152056-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify