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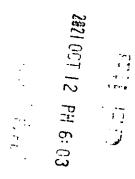
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

	ation Section n of Corpora						
SUBJECT: V	Vave Lite Sci	ences USA, Inc.					
3000ECT		Name o	Corporation	- must	include suffix		
Dear Sir or Mad	lam:						
	Existence," o	r "Certificate c	of Good Star	iding`` ai	nd check are sub	ct Business in Fl mitted to registe	
Please return all	corresponde	ence concernin	g this matter	r to the t	ollowing:		
Ms. Lindsay Lev	ine						
			Name of	Person			
Wave Life Science	ces USA, Inc.						~
			Firm/Con	ipany			721 GCT 12
733 Concord Avo	•						130
,			Addr	USS			12
Cambridge, MA	02138-1002						72
		-	City/State a	nd Zip c	:ode		PH 6: 03
WaveCorporate@	-					;	O
	F:	-mail address:	(to be used	for futur	e annual report i	notification)	
For further infor	mation conc	erning this ma	tter, please o	rall:			
King-Kai Chu		į	617 at (9.49.) 949-4785 Daytime Telephone Number		
Name (of Person		Area Cod	c	Daytime Telep	hone 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 Fallahassee, FL 32314			
Enclosed is a ch Please make chec \$\overline{\pi}\$ \$70,00 Filing	k payable to:	ollowing amou FLORIDA DE \$78.75 Filing Certificate of	PARTMENT Fee & - E	∄ \$78.7:	ATE 5 Filing Fee & ied Copy	S87,50 Fil Certificate Certified	e of Status &

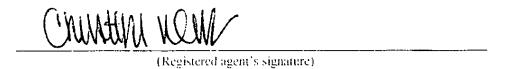
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

EN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	able in Florida, enter alternate corporate n	ame ado	pted for the purpose of transacting	g business in Florida)		
Delaware			27-1038236 3.			
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
September 8, 20	000	5.				
September 8, 2009 (Date of incorporation)			(Date of duration, if other than perpetual)			
October 1, 2021						
733 Concord Ava	Cambridge MA 02138-1002			y)		
733 Concord Avo			dreet address)	7321 OCT		
	(Principa (Current n	railing a	ddress, if different)	7321 OCT 12 PH		
	(Principa	railing a	ddress, if different)	7321 OCT 12 PH		
Name and stree	(Principa (Current n <u>:t address</u> of Florida registered agent;	railing a	ddress, if different)	7321 OCT 12		
. Name and stree	(Principa (Current n :t address of Florida registered agent: C T Corporation System	nailing a	ddress, if different)	7321 OCT 12 PH		

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.



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.

A. Dikectors							
	Name: Paul B. Bolno	□Chairman	Name: Linda Rockett				
□Vice Chairman	Address: 733 Concord Ave	33 Concord Ave		Address:			
Director	Cambridge, MA 02138-1002	■Director	Cambridge, M	Cambridge, MA 02138-1002			
■President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	Secretary		☐Treasurer			
□Other	Other	□Other		□Other			
	Kyle Moran		.,				
□Chairman		∏Chairman					
□Vice Chairman	Address: 733 Concord Ave Cambridge, MA 02138-1002	□Vice Chairman	Address:				
Director	Cambridge, WA 02130-1002	□ Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	☐ Treasurer	☐ Secretary		□Treasurer			
□Other	□ Other	□Other		□Other			
				7921 OCT 1			
□Chairman	Name:	□Chairman	Name:	<u> </u>			
□Vice Chairman	Address:	□Vice Chairman	Address:	. ~~			
□Director		ElDirector		<u> </u>			
□President		□President					
□Vice President		□Vice President		····			
□ Secretary	□Treasurer	☐ Sceretary		□Treasurer			
□Other		□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 fisted in number 14 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 8.817.155, F.S.

Linda Rockett, Director & Secretary



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WAVE LIFE SCIENCES USA, 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 TWENTIETH DAY OF JULY, A.D. 2021,

Authentication: 203721651

Date: 07-20-21