Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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

Fmail Address:	

FOREIGN PROFIT/NONPROFIT CORPORATION

Atea Pharmaceuticals, Inc.

Certificate of Status	0
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S. HAWKES

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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.

	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	J,"	
•	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting	ng business in Florida)	
(State or country under the law of which it is incorporated) 07/12/2012				
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
125 Summer Stree	(SEE SECTIONS 607.1501 & 607.156 et, Boston, MA 02110 (Principal	02, F.S., to determine penalty liabil	ity)	
	(Current mailin	g address, if different)		
. Name and stree	t address of Florida registered agent: (P.O C T Corporation System	Box NOT acceptable)		
Name:	1200 South Pine Island Road			
Office Address:	Plantation,	, Florida	AH 10: 44	
	(City)	(Zip code)	174	
laving been nam lesignated in this urther agree to c	ent's acceptance: led us registered agent and to accept servion application, I hereby accept the appoint apply with the provisions of all statutes re familiar with and accept the obligations of	nent as registered agent and ag elative to the proper and compl	ree to act in this capaci lete performance of my	
	C T Corporation Syste	m Startonne N	long.	
	: Stephanie Hencz Assistant Secretai			

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.

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11. Names and business addresses of officers and/or directors:	
A DIRECTORS	
Chainnan:	
Address:	
Vice Chairman:	
Address.	
Director: Barbara Duncan	
Address: 125 Summer Street, Boston, MA 02110	
Director: Bruce Polsky	
Address: 125 Summer Street, Boston, MA 02110	
B OFFICERS	
Jean-Pierre Sommadossi, Ph.D. President:	
Address: 125 Summer Street, Boston, MA 02110	
Vice President: Andrea Corcoran -	
Address: 125 Summer Street, Boston, MA 02110	
Secretary: Andrea Corcoran	
Address: 125 Summer Street, Boston, MA 02110	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
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 here are true and that he or she is aware that false information submitted in a document to the Department of State constitute a third degree felony as provided for in \$ 817.155, F.S. Andrea Corcoran, Secretary	in ites
(Typed or printed name and capacity of person signing application)	

To: +18506176383 - Page: 6 of 7 2021-11-15 10:13:19 CST 12122023573 From: Kimberly Laughrey

Additional Directors:

Name	Address	
Bruno Lucidi	125 Summer Street	
	Boston, MA 02110	
Franklin Berger	125 Summer Street	
	Boston, MA 02110	
Jean-Pierre Sommadossi	125 Summer Street	
	Boston, MA 02110	
Jerome Adams	125 Summer Street	
	Boston, MA 02110	
Polly Murphy	125 Summer Street	
	Boston, MA 02110	

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ATEA PHARMACEUTICALS, 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 TENTH DAY OF NOVEMBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

at som delaware sov/auth

Authentication: 204654329

Date: 11-10-21