

12/28/21, 10:37 AM

Division of Corporations

F21000007402

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000469666 3)))



H210004696663ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
HUMACYTE GLOBAL, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

2021 DEC 28 PM 12:09

2021 DEC 28 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC 28 AM 8:41

FILED

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

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.

HUMACYTE GLOBAL, INC.

1. _____
(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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/13/2015 _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 2525 E NC HIGHWAY 54, DURHAM, NC - 27713-2582
(Principal office address)

(Current mailing address, if different)

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, _____, Florida 33324
(City) (Zip code)

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.

By: Christine Keim C T Corporation System
Christine Keim
Assistant Secretary
(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.

FILED
2021 DEC 28 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____
_____**B. OFFICERS**President: LAURA NIKLASON
_____Address: 2525 E NC HIGHWAY 54, DURHAM, NC - 27713-2582
_____Vice President: HEATHER PRICHARD
_____Address: 2525 E NC HIGHWAY 54, DURHAM, NC - 27713-2582

Secretary: _____

Address: _____

Treasurer: DALE SANDER
_____Address: 2525 E NC HIGHWAY 54, DURHAM, NC - 27713-2582
_____**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.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. DALE SANDER, CHIEF FINANCIAL OFFICER
(Typed or printed name and capacity of person signing application)

DIRECTORS

Laura E. Niklason 2525 E NC HIGHWAY 54, DURHAM, NC - 27713-2582

Jeffrey H. Lawson 2525 E NC HIGHWAY 54, DURHAM, NC - 27713-2582

Gordon M. Binder 2525 E NC HIGHWAY 54, DURHAM, NC - 27713-2582

Emery N. Brown 2525 E NC HIGHWAY 54, DURHAM, NC - 27713-2582

Michael T. Constantino 2525 E NC HIGHWAY 54, DURHAM, NC - 27713-2582

Brady W. Dougan 2525 E NC HIGHWAY 54, DURHAM, NC - 27713-2582

Todd M. Pope 2525 E NC HIGHWAY 54, DURHAM, NC - 27713-2582

Kathleen Sebelius 2525 E NC HIGHWAY 54, DURHAM, NC - 27713-2582

Rajiv Shukla 2525 E NC HIGHWAY 54, DURHAM, NC - 27713-2582

Max Wallace 2525 E NC HIGHWAY 54, DURHAM, NC - 27713-2582

Susan Windham-Bannister 2525 E NC HIGHWAY 54, DURHAM, NC - 27713-2582

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUMACYTE GLOBAL, 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-SEVENTH DAY OF DECEMBER, 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.



5783478 8300

SR# 20214226152

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 205090350

Date: 12-27-21