F22000002101

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
| |
| |
| W22-45217 |

Office Use Only



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2022 AP., -5 AM 10: 22

S. HAWKES MAR - = 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

| DATE <u>04/05/2022</u> | | **WALK IN** | |
|------------------------|-----------------------------------|--|--|
| ENTITY NAME_Lysov | ant Sciences, Inc | | |
| DOCUMENT NUMBER | | | |
| | **PLEASE FILE | THE ATTACHED AND RETURN** | |
| XXXXXX | Plain Copy | | |
| | Certified Copy | | |
| | Certificate of Status | | |
| * | **PLEASE OBTAIN THE | FOLLOWING FOR THE ABOVE ENTITY** | |
| | Certified Copy of Art | ts & Amendments | |
| | Certified Copy of Art | ts & Amendments Complete File (Inclading Annaal Reports) | |
| | Certificate of Status | | |
| | Certificate of Status Reflecting: | | |
| | **APOSTILLE'/ | NOTARIAL CERTIFICATION** | |
| COUNTRY OF DESTINAT | TION | | |
| NUMBER OF CERTIFICA | TES REQUESTED | | |
| TOTAL OWED \$ 70 | | ACCOUNT # I20140000108 / United Corporate Services, Inc. | |
| Planes call Time at to | he chave number kar | any issues or concerns Thank was so much | |

April 6, 2022

SUNSHINE

CORRECTED
Please Allow For
Same File Date

SUBJECT: LYSOVANT SCIENCES, INC.

Ref. Number: W22000045217

We have received your document for LYSOVANT SCIENCES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 022A00007947

COVER LETTER

| TO: | O: Registration Section Division of Corporations | | | | |
|--------|--|---|---|--|--|
| SUBJ | ECT: | Lysovant Sciences, Inc. | | | |
| 00130 | | Name of corporati | on - must include suffix | | |
| Dear S | Sir or Madam: | | | | |
| "Certi | ficate of Exister | | or Authorization to Transact Business in Florida," anding" and check are submitted to register the ness in Florida. | | |
| Please | return all corre | spondence concerning this mat | ter to the following: | | |
| | | Name (| of Person | | |
| | | United Corporate Services, I | nc. | | |
| | | Firm/Ce | ompany | | |
| | | 2458 Lakeshore Drive | | | |
| | | Ad | dress | | |
| | | Tallahassee, FL 32312 | | | |
| | _ | | and Zip code | | |
| | | tim.rhee@unitede | · | | |
| | | E-mail address: (to be use | d for future annual report notification) | | |
| For fu | rther informatio | on concerning this matter, pleas | e call: | | |
| | | at (|) | | |
| | Name of Per | | ode Daytime Telephone Number | | |
| | Registration (Division of C The Centre o | Corporations f Tallahassee troe Street, Suite 810 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| Please | sed is a check f make check pays 0.00 Filing Fee | or the following amount: able to: FLORIDA DEPARTME. \$78.75 Filing Fee & Certificate of Status | NT OF STATE \$\Bigsim \text{S78.75 Filing Fee & B87.50 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.

| i. | Lysovant Sciences, 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. 83-2733221 (State or country under the law of which it is incorporated) (FEI number, if applicable) | |
| | | |
| 4. | 12/3/2018 5. (Date of incorporation) (Date of duration, if other than perpetual) | |
| | (Date of incorporation) (Date of duration, if other than perpetual) | |
| 6. | 1/10/22 | |
| | (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) | |
| 7 | 151 West 42nd Street, 15th Floor, New York, NY 10036 | |
| | (Principal office street address) | 3 ====\ - \ |
| 8. | (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | |
| | Name: United Corporate Services, Inc. | |
| Of | fice Address: 3458 Lakeshore Drive | |
| | Tallahassee , Florida 32312 (City) (Zip code) | |
| | | |
| Ha de: fu: | Registered agent's acceptance: aving been named to accept service of process for the above stated corporation at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Thereby accept the appointment as registered agent and agree to act in this capacity, there agree to comply with the provisions of all statutes relative to the proper and complete performance of my dual I am familiar with and accept the obligations of my position as registered agent. | 1 |
| | Michael Barr | |
| | (Registered agent's signature) | |
| the | Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction of 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]:

DocuSign Envelope ID: 94586A92-3FC5-496D-A780-C2A0B1CB8FCA A.* DIRECTORS

| □Chairman | Name: Mayukh Sukhatme | □Chairman | Name: Joe Bishop | | | | |
|---|---|---|--|--|--|--|--|
| □Vice Chairman | Address: 151 West 42nd Street, 15th Fl. NY, NY 10036 | □Vice Chairman | Address: 151 West 42nd Street, 15th Fl, NY, NY 10036 | | | | |
| ₩Director | | □Director | | | | | |
| □President | | i¥ President | | | | | |
| □ Vice President | | □Vice President | | | | | |
| □ Secretary | □Treasurer | ₩ Secretary | Treasurer | | | | |
| Other | Other | 'Y Other Chief, Fina | uncial_Ofer. | | | | |
| □ Chairman | Name: Rakhi Kumar | □ Chairman | Name: Brett Yacker | | | | |
| □Vice Chairman | Address: 151 West 42nd Street, 15th Fl, NY, NY 10036 | □ Vice Chairman | Address: 151 West 42nd Street, 15th Ft, NY, NY 10036 | | | | |
| □Director | | Director | | | | | |
| □President | | □President | | | | | |
| □Vice President | | □ Vice President | | | | | |
| □Secretary | □Treasurer | ☐ Secretary | □Treasurer | | | | |
| □Other | ☑Other Chief Accounting Ofer. | Other | ™Other Sr. Global Tax Counsel | | | | |
| □ Chairman | Name: | □Chairman | Name: | | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | | |
| □Director | | □Director | | | | | |
| □President | | □President | | | | | |
| □Vice President | | □Vice President | | | | | |
| □Secretary | □Treasurer | Secretary | □Treasurer | | | | |
| Other | Other | □Other | Other | | | | |
| Important Notice: U | Use an attachment to report more than six (6). The attachded to the index when filing your Florida Departme | thment will be image nt of State Annual Re | d for reporting purposes only. Non-indexed eport form. | | | | |
| 12 | Joe Bishop Signature of Director o | | | | | | |
| 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. Joe Bishop, President, Chief Financial Officer and Secretary | | | | | | | |
| (Typed or printed name and capacity of person signing application) | | | | | | | |



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

DELAWARE, DO HEREBY CERTIFY "LYSOVANT SCIENCES, 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 FOURTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LYSOVANT SCIENCES, INC" WAS INCORPORATED ON THE THIRD DAY OF DECEMBER, A.D. 2018.

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

Authentication: 203085145

Date: 04-04-22