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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

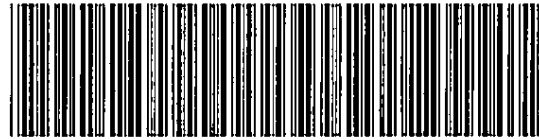
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY -9 AM 11:43
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Immunodominant Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Marcus Kirk

Name of Person

Immunodominant Inc.

Firm/Company

8907 SW 42nd Pl

Address

Gainesville, FL 32608

City/State and Zip code

mpmkirk@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcus Kirk

at (352) 213-9174

Name of Person

Area Code

Daytime Telephone 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
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 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.*

1. Immunodominant 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. 88-1787240
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 14, 2022 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. 8907 SW 42nd Pl. Gainesville, FL. 32608
(Principal office street address)

(Current mailing address, if different)

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

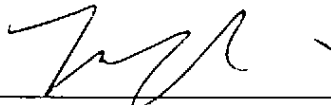
Name: Marcus Kirk

Office Address: 8907 SW 42nd Pl

Gainesville . Florida 32608
(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.



(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, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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2022 MAY -9 AM 11:43
TALLAHASSEE, FL

A. DIRECTORS

☐ Chairman Name: David Ostrov
☐ Vice Chairman Address: 401 SW 43rd Terrace
☒ Director Gainesville, FL, 32607
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Marcus Kirk
☐ Vice Chairman Address: 8907 SW 42nd Pl
☒ Director Gainesville, FL, 32608
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

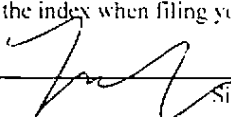
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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 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. Marcus Kirk, CFO and Director of Immunodominant Inc.
(Typed or printed name and capacity of person signing application)

**Notice of Agreement
that
Immunodominant, LLC (or also known as Immunodominant FL LLC)
gives
Immunodominant Inc
the right to use the name in Florida**

THIS NOTICE OF AGREEMENT, entered into May 10, 2022 by and between by and between Immunodominant, LLC (or also known as Immunodominant FL LLC), a Florida LLC (the "Company") and Immunodominant Inc., a Delaware corporation.

WHEREAS, Immunodominant Inc. is the member and sole owner of the Company and allows for Immunodominant Inc. to also use the name Immunodominant.

NOTICE

Immunodominant Inc. is the member and sole owner of Immunodominant, LLC, a Florida LLC (there is currently a name change form at the FL Division of Corporations that will make Immunodominant, LLC known as Immunodominant FL LLC).

Immunodominant Inc. is the parent company and Immunodominant FL LLC is an operating segment company in Florida.

As the owner, Immunodominant Inc. gives Immunodominant Inc. the right to use the name "Immunodominant" in Florida as well as part of its business registration.

IN WITNESS WHEREOF, each of the undersigned, together constituting all of the existing members of the Company, has caused this Agreement to be duly executed by it or on its behalf on or as of the date set forth in the first paragraph of this Agreement.

EXISTING MEMBERS:



Marcus Kirk, CFO and Secretary of Immunodominant Inc. signing as owner of Immunodominant, LLC

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMMUNODOMINANT 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 SECOND DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMMUNODOMINANT INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF APRIL, A.D. 2022.

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



6736965 8300

SR# 20221726905

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203322305

Date: 05-02-22