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(((H22000162741 3)))



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To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : CORFORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Pax Number

: (561)214-8442

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

Email Address:

### FOREIGN PROFIT/NONPROFIT CORPORATION

Telix Pharmaceuticals(US)Inc.

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04
\$78.75

Electronic Filing Menu

Corporate Filing Menu

S. ROBERTS Help

MAY 1 2 2022



May 12, 2022

#### FLORIDA DEPARTMENT OF STATE

CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: TELIX PHARMACEUTICALS (US) INC.

REF: W22000059000

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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

STANTON E ROBERTS
Regulatory Specialist II

FAX Aud. #: H22000162741 Letter Number: 722A00010492

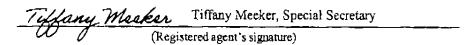
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

(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 bus  2. Delaware  (State or country under the law of which it is incorporated)  (FEI number, if application)  (Date of incorporation)  (Date of duration, if other than  6. (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 12 Municipal Dr., Suite 330, Fishers IN 46038  (Principal office street address)	
2. Delaware  (State or country under the law of which it is incorporated)  4. 08/14/2017  5. (Date of incorporation)  (Date of duration, if other than 6. (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 12 Municipal Dr., Suite 330, Fishers IN 46038	
4. 08/14/2017 5. (Date of incorporation) (Date of duration, if other than 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 12 Municipal Dr., Suite 330, Fishers IN 46038	
(Date of incorporation)  (Date of duration, if other than  6	able)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7	perpetual)
(Principal office street address)	
	2022 Sci
(Current mailing address, if different)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Corporate Creations Network Inc.	LALASSEE
Office Address: 801 US Highway 1	9:43
North Palm Beach , Florida 33408 (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 und 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. DIRECTORS					
□ Chairman	Darren Patti Name:	□ Chairman	Name:		
□ Vice Chairman	12 Municipal Dr., Suite 330 Address:	□ Vice Chairman	Address:		
□ Director	Fis hers, IN 46038	□ Director .			
□ President		□President -			
□ Vice President		□Vice President			
□ Scotetary	☐Treasurer	⊖Secretary	□Treasurer		
COO	Other	□Other	□Other □		
□ Chairman	Michael Didocha Name:	C Chairman	N		
	12 Municipal Dr., Sulte 330	□ Chairman	Name:		
□ Vice Chairman	Address: Fishers, IN 46038	□ Vice Chairman	Address:		
□ Director	1 1311615, 114 40036	☐ Director			
President		□President			
□ Vice President		□Vice President			
□ Secretary	□Treasurer	□Sec <del>re</del> tary	□Treasur <del>er</del>		
□ Other	Other —	Other —	GOther -		
□ Chairman	Name:	<b>□Chairman</b>	Name:		
□ Vice Chairman	Address:	□Vice Chairman	Address:		
□ Director		□Director			
□ President		□President			
□ Vice President		□Vice President			
☐ Secretary	□Treasurer	□Secretary	□Treasurer		
Other	OOther	□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.					
	V Signature of Director of	r 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.

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TELIX PHARMACEUTICALS (US) 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 FIFTH DAY OF MAY, 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 "TELIX

PHARMACEUTICALS (US) INC." WAS INCORPORATED ON THE FOURTEENTH DAY

OF AUGUST, A.D. 2017.

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

at corp.delaware.gov/auth

Authentication: 203352161

Date: 05-05-22