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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JUN 22 2022

Incorporating Services, Ltd.

incserv^o

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

FROM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 6/21/2022					
	RE(QUES	T DA	TE 6,	/21/2022

850-245-6051

PRIORITY Regular Approval

OUR REF # (Order ID#) 1049478

ORDER ENTITY_

CYPRIUM THERAPEUTICS, INC.

	
DI CACE REREADIA TUE CALLAUGUA ACRIGAZZA.	
PLEASE PERFORM THE FOLLOWING SERVILES:	
PLEASE PERFORM THE FOLLOWING SERVICES:	
CYPRIUM THERAPEUTICS, INC. (FL)	
CITATON INCAFEDITOS, INC. TELI	

File the attached foreign qualification document and provide a certified copy.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: legal@fortressbiotech.com

RETURN/FORWARDING INSTRUCTIONS:___

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, June 21, 2022 Page 1 of 1

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.

(If name unavail:	able in Florida, enter alternate corporate name	adopted for the purpose of transactin	g business in Florida)	
Delaware				
(State or country under the law of which it is incorporated) (FEI number, if a			plicable)	
June 18, 2014	5.			
(Date of incorporation) (Date of duration, if other th		han perpetual)		
January 1, 2022				
.1111 Kane Conco	(SEE SECTIONS 607.1501 & 607.15 burse, Suite 301, Bay Harbor Islands, FL 3315- (Principal offi	, ,		
		g address, if different)	2022 JUN 2 I	
. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	725	
Name:	Incorporating Services, Ltd.		9	
ffice Address:	1540 Glenway Drive		39	
	773 A A	17201		
	Tallahassee	Florida		

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.

DocuSign Envelope ID: 6EA7EA16-CF67-4C3A-844D-9F0179040E7E , A. DIŔECTÒRS Lindsay A. Rosenwald ■ Chairman □ Chairman Name: 2 Gansevoort St., 9th Floor □ Vice Chairman ☐ Vice Chairman Address: ____ New York, NY 10014 ■ Director □ Director □ President □President □ Vice President □Vice President □ Secretary ☐Treasurer □ Treasurer □ Secretary □Other _____ ☐Other _____ □Other _____ Name: _____ ☐ Chairman Name: _____ □ Chairman □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □President □ President □ Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Secretary □ Treasurer □ Other _____ □Other _____ □Other _____ □Other _____ ☐ Chairman Name: ___ □ Chairman Name: □ Vice Chairman Address: ☐ Vice Chairman Address: Director □ Director □ President □ President □ Vice President _ □ Vice President □Treasurer □ Secretary □ Secretary □Treasurer □Other _____ □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.

lindsay Rosenwal 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.

Lindsay A. Rosenwald



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

DELAWARE, DO HEREBY CERTIFY "CYPRIUM THERAPEUTICS, 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 SEVENTEENTH DAY OF JUNE, 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 "CYPRIUM THERAPEUTICS, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF JUNE,

A.D. 2014.

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



Authentication: 203712593

Date: 06-17-22

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SR# 20222762400