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

Office Use Only



800388443638

2022 JUN 21 PH 12: 55

ALLAHÁSSEE, FÉOR

K. SALY JUN 2 2 2022

Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

Florida Department of State
The Centre of Tallahassee

2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQU	EST DATE	6/21/2022

PRIORITY Regular Approval

OUR REF. # (Order ID#) 1049461

ORDER ENTITY_____ONCOGENUITY, INC.

DI FASE DERFORM THE	FOLLOWING SERVICES:		
	I OFFORMULO OFICATORDI TELE	 	
ONCOGENUITY, INC.	(FL)		

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

NOTES:	•			i
		 		

\$78.75 Authorized

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

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

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.

Oncogenuity, In					
	orporation: must include "INCORPORATE orp," "Ine," "Co," or "Corp.")	D." "C	OMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate nan	•	, -		
Delaware		3. 82 -	(FEI number, if applicab		
(State or country	y under the law of which it is incorporated)		(FEI number, if applicab	le)	
June 10, 2015					
	(Date of incorporation)		(Date of duration, if other than perpetual)		
January 1, 2022					
1111 Kane Conce	(Date first transacted business (SEE SECTIONS 607.1501 & 607 ourse, Suite 301, Bay Harbor Islands, FL 331	.1502,			
	(Principal o	ffice s	reet address)		
Name and stree	(Current mai		dress, if different)	12 JUN 21	
. Traine and succ	Incorporating Services, Ltd.		A 1101 acceptancy	SIL	
Name:	incorporating services, 1.1d.		_		
Office Address:	1540 Glenway Drive		_	PH 12: 55	
	Tallahassee		Florida	<u> </u>	
	(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.

DocuSign Envelope ID: 6EA7EA16-CF67-4C3A-844D-9F0179040E7E

A. DIRECTORS

□Chairman	Name:	□ Chairman	Name: Michael S. Weiss
□Vice Chairman	2 Gansevoort St., 9th Floor Address:	□Vice Chairman	Address: 2 Ganesvoort St., 9th Floor
Director	New York, NY 10014	■Director	New York, NY 10014
□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	7022
□President		□President	
□Vice President		□Vice President	21 T
☐ Secretary	Treasurer	☐ Secretary	Treasurer P
□Other	Other	□Other	Other J
□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
individuals may be	oxwald Signature of Directo	ment of State Annual Ro	
The officer or dire	ctor signing this document fund who is listed in num	ber 11 above) atfirms th	at the facts stated herein are true and that he or

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

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ONCOGENUITY, 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 "ONCOGENUITY, INC." WAS INCORPORATED ON THE TENTH DAY OF JUNE, A.D. 2015.

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

2022 JUN 21 PM 12: 55



Authentication: 203712628

Date: 06-17-22

5764093 8300 SR# 20222762428