

F22000003889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

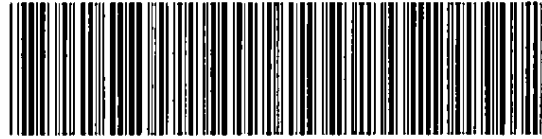
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALABAMA
SECRETARY OF REVENUE

JUN 22 2022

K. Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO 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

REQUEST DATE 6/21/2022

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1049492

ORDER ENTITY

CHECKPOINT THERAPEUTICS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

CHECKPOINT THERAPEUTICS, INC. (FL)

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: I20050000052

Please bill the above referenced account for this order.

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

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

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.

**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. Checkpoint Therapeutics, 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. 47-2568632
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 10, 2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. January 1, 2022
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1111 Kane Concourse, Suite 301, Bay Harbor Islands, FL 33154
(Principal office street address)

(Current mailing address, if different)

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

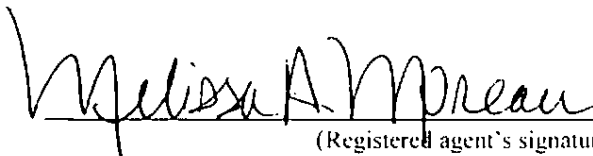
Name: Incorporating Services, Ltd.

Office Address: 1540 Glenway Drive

Tallahassee, Florida 32301
(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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FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA
TALLAHASSEE

A. DIRECTORS

☐ Chairman Name: Lindsay A. Rosenwald

☐ Vice Chairman Address: 2 Gansevoort St., 9th Floor

☒ Director New York, NY 10014

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: James F. Oliviero

☐ Vice Chairman Address: 2 Gansevoort St., 9th Floor

☒ Director New York, NY 10014

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other CEO ☐ Other _____

☐ Chairman Name: Neil Herskowitz

☐ Vice Chairman Address: 2 Gansevoort St., 9th Floor

☒ Director New York, NY 10014

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☒ Chairman Name: Michael S. Weiss

☐ Vice Chairman Address: 2 Gansevoort St., 9th Floor

☒ Director New York, NY 10014

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Barry Salzman

☐ Vice Chairman Address: 2 Gansevoort St., 9th Floor

☒ Director New York, NY 10014

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Scott Boilen

☐ Vice Chairman Address: 2 Gansevoort St., 9th Floor

☒ Director New York, NY 10014

☐ 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. DocuSigned by: Lindsay Rosenwald 14080FC0B64340F _____
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. Lindsay A. Rosenwald _____
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHECKPOINT 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 "CHECKPOINT THERAPEUTICS, INC." WAS INCORPORATED ON THE TENTH DAY OF NOVEMBER, A.D. 2014.

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



5636218 8300

SR# 20222762390

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203712573

Date: 06-17-22