(Requestor's Nam	ne)
(Address)	
(Address)	
(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity I	Name)
(Document Numb	per)
Certified Copies Certifica	ates of Status
Special Instructions to Filing Officer:	

Office Use Only



500388443665

2022 JUN 21 PH 12: 56

RECFIVED

K. SALY JUN 2 2 2022

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

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

E		HECT	DATE	C/21	/2022
r	CEU	UESI	DATE	0/21	./ 2022

PRIORITY Regular Approval

OUR REF_#_(Order_ID#)] 1049474

ORDER ENTITY
BAEGRIC BIO, INC.

LEASE PERFORM THE FOLLOWING SERVICES:	
BAEGRIC BIO, INC. (FL)	
File the attached foreign qualification document and provide a certified copy.	
OTES:	
78.75 Authorized	
mail address for annual report reminders: legal@fortressbiotech.com	
FTIIDN/FADWADNING INGTDIICTTANG:	

Please bill the above referenced account for this order.

ACCOUNT NUMBER: 120050000052

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

Sincerely,

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.

Baegric Bio. Inc	x.		
•	orporation; must include "INCORPORATED," ` orp." "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION	ν',''
(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting	ig business in Florida)
Delaware	3 8.	3 82-1007871	
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	plicable)
June 10, 2015	5.		
	of incorporation)	(Date of duration, if other	than perpetual)
January 1, 2022			
January 1, 2022	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ity)
IIII Kane Conce	ourse, Suite 301, Bay Harbor Islands, Fl. 33154		
· <u> </u>	(Principal office	street address)	
	(Current mailing a	address, if different)	1812 1812
N		S NOT III	PALLAHASSE
Name and stree	et address of Florida registered agent: (P.O. l	Box NOT acceptable)	拉 20
Name:	Incorporating Services, Ltd.	<u> </u>	385
Office Address:	1540 Glenway Drive		PH 12: 51
	Tallahassee	Florida	: 56 0800
	(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 Michael S. Weiss Lindsay A. Rosenwald □ Chairman □ Chairman 2 Gansevoort St., 9th Floor 2 Gansevoort St., 9th Floor □ Vice Chairman Address: ☐ Vice Chairman Address: New York, NY 10014 New York, NY 10014 Director Director □President □ President □Vice President □Vice President □Treasurer □Treasurer □ Secretary □ Secretary □Other ____ □Other _____ □Other _____ □Other _____ Name: _____ □ Chairman □Chairman 2 Gansevoort St., 9th Floor □ Vice Chairman Address: 1 ☐ Vice Chairman Address: ____ New York, NY 10014 Director □ Director □ President □President □Vice President □ Vice President ☐ Treasurer □ Treasurer □ Secretary □ Secretary □Other _____ Other ____ □Other_____ □ Chairman □ Chairman Name: Name: _____ □Vice Chairman Address: ______ □ Vice Chairman Address: ______ □Director □ Director □President □President □ Vice President _ ☐ Vice President ☐ Treasurer ☐Treasurer □ Secretary □ Secretary □Other □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.

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.

Lindsay A. Rosenwald

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BAERGIC BIO, 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 "BAERGIC BIO, 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: 56



Justiny W. Basinch, Secretary of State