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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
Certified Copies Certificates of Status			
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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#) 1049490

ORDER ENTITY

AEVITAS THERAPEUTICS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES	l
AEVITAS 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: 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.

(Enter name of c	forporation; must include "INCORPORATED," forp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N."	
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transactii	ng business in Florida)	
Delaware	7	82-3562055		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
March 30, 2017				
(Date	of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)	
January 1, 2022				
	C., 201 Dec Hade - 1.1 1.71.5 (
Titt Kane Cone		e <u>street</u> address)		
Titi Kalle Colle	(Principal offic	e <u>street</u> address) g address, if different)	20	
	(Principal offic	; address, if different)	2022 JUN 21	
. Name and <u>stre</u> Name:	(Principal offic (Current mailing et address of Florida registered agent: (P.O.	; address, if different)	2022 JUN 21 AM	
. Name and stre	(Principal office (Current mailing et address of Florida registered agent: (P.O. Incorporating Services, Ltd.	; address, if different)		

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.

Allima A. Muleuu (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:,6EA7EA15-CF67-4C3A-844D-9F0179040E7E A. DIRECTORS

A. DIRECTORS	Lindsay A. Rosenwald	⊡Chairman	Michael S. Weiss
□Chairman	Name: 2 Gansevoort St., 9th Floor		2 Gansevoort St., 9th Floor
□Vice Chairman	Address:New York, NY 10014		New York, NY 10014
Director	, ten Tolk Too	■Director	
□President		□President	
☐ Vice President		☐ Vice President	
☐ Secretary	□Treasurer	Secretary	□Treasurer
☐Other	☐Other	□Other	Other
□Chairman	Fahd Riaz	□Chairman	Name:
□Vice Chairman	2 Gansevoort St., 9th Floor		Address:
■ Director	New York, NY 10014	Ti Disassas	
□President		□President	
□Vice President		The Bridge	
□ Secretary	□Treasurer	□ Secretary	Treasurer
Other	□Other	□Other	Other
□ Chairman	Name:	□Chairman	Name:
	Address:		Address:
Director		76.	
□President		- □President	
□ Vice President		□ Vice President	
☐ Secretary	□Treasurer	□ Secretary	□Treasurer
□Other	□Other	Other	□Other
Important Notice	:: Use an attachment to report more than six (6). be added to the index when filing your Florida D	The attachment will be image partment of State Annual l	ged for reporting purposes only. Non-indexed Report form.
<u> </u>	senwald Signature of D	pirector or Officer	
The officer or dishe is aware that s.817.155. F.S.	Signature of D rector signing this document (and who is listed in false information submitted in a document to the	rirector or Officer I habove) affirms e Department of State const	that the facts stated herein are true and that he

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AEVITAS 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 "AEVITAS

THERAPEUTICS, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF MARCH,

A.D. 2017.

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



Authentication: 203712526

Date: 06-17-22

6364885 8300

SR# 20222762329

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