## F2200003942

(Address) (Address) (Clty/State/Zip/Phone #) (Clty/State/Zip/Phone #) (Business Enlity Name) (Business Enlity Name) (Document Number) Certificates of Status Special Instructions to Filing Officer:	(	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Enlity Name)  (Document Number)  Certificates of Status		
(City/State/Zip/Phone #)	(	(Address)
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL     (Business Entity Name)     (Document Number) Certificates of Status	(	(Address)
PICK-UP WAIT MAIL     (Business Entity Name)     (Document Number) Certificates of Status		(City/Etata/Zia/Dhana #)
(Business Enlity Name) (Document Number) Certified Copies	l	
(Document Number) Certified Copies Certificates of Status		WAIT MAIL
(Document Number) Certified Copies Certificates of Status		
Certificates of Status	(	(Business Enlity Name)
Certificates of Status		
	(	(Document Number)
Special Instructions to Filing Officer:	Certified Copies	_ Certificates of Status
Special Instructions to Filing Officer:	<u>-</u>	
	Special Instructions to I	Filing Officer:
Office Use Only		







A. RAMSEY MAY 22 2023

incserv Incorporating Services, Ltd. 1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953

ORDER FORM

FROM

Melissa Moreau

850.656.7953

mmoreau@incserv.com

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

**PRIORITY** Regular Approval

OUR REF\_# (Order ID#) 1144433

\_ .:

ORDER ENTITY AEVITAS THERAPEUTICS, INC.

REQUEST DATE 5/19/2023

· . ·

www.incserv.com

e-mail: accounting@incserv.com

PLEASE PERFORM THE FOLLOWING SERVICES: AEVITAS THERAPEUTICS, INC. (FL)

File the attached withdrawal document

NOTES:

\$35.00 Authorized

## **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I2005000052

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.

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Aevitas Therapeutics. Inc.

(Name of Corporation)

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Legal (Name of Person) Fortress Biotech, Inc. (Firm/Company) 95 Sawyer Road, Suite 110 (Address) Waltham, MA 02453 (City/State and Zip code) For further information concerning this matter, please call: Megan Sheehan (Name of Person) Enclosed is a check for the amount: ■ \$35 Filing Fee 🔲 \$43.75 Filing Fee & 🔲 \$43.75 Filing Fee & 🔲 \$52.50 Filing Fee. Certificate of Status Certificate of Status & Certified Certified Copy (Additional copy is Copy (Additional copy is enclosed) Enclosed) Mailing Address: Street Address: Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

	(Name of Corporation)	2023
F22000003942		
	(Document Number of Corporation (if known)	ST S IT
Delaware	6/21/22	E 10 3

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

95 Sawyer Road, Suite 110

(Mailing Address)

Waltham, MA 02453

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Samuel W. Euroy

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Samuel W. Berry

(Typed or printed name of person signing)

General Counsel / Secretary

(Title of person signing)

FILING FEE \$35

(Date)

05/04/2023