

F220000004251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

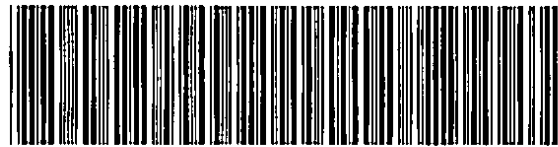
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300389729463

06/22/22--01018--009 \*\*70.00

FILED  
2022 JUN 22 PM 3:16  
SUSAN M. HARRIS  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Addgene, Inc.

\_\_\_\_\_  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Michael Lohnes

\_\_\_\_\_  
Name of Person

Addgene, Inc.

\_\_\_\_\_  
Firm/Company

7901 4th Street N

Suite 300

\_\_\_\_\_  
Address

St. Petersburg, FL 33702

\_\_\_\_\_  
City/State and Zip Code

michael@addgene.org

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Lohnes

\_\_\_\_\_  
Name of Person

617

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

639-1210

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. Addgene, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MA 3. 90-0133592  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/08/2004 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 05/23/2022  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 7901 4th St N STE 300 St. Petersburg FL  
(Principal office street address)

7901 4th St N STE 300 St. Petersburg FL 33702  
(Current mailing address, if different)

8. Hired a remote employee living in Florida  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300  
St. Petersburg, Florida 33702  
(City) (Zip Code)

2022 JUN 22 PM 3:16  
RECEIVED  
TALLAHASSEE, FLORIDA

FILED

10. **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.*

Bill Hume

(Registered agent's signature)

11. 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: Carl Paratore  
☐ Vice Chairman Address: 70 Yerxa Road  
☐ Director Arlington, MA 02474  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Chonnetia Jones  
☐ Vice Chairman Address: 300 Woodview Way #407  
☐ Director Watertown, MA 02472  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: Executive Director ☒ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Michael Lohnes  
☐ Vice Chairman Address: 28 Saint Mary's Road  
☐ Director Milton, MA 02186  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: CFO ☐ Other: \_\_\_\_\_

☐ Chairman Name: John Chu  
☐ Vice Chairman Address: 20 Birch Hill Road  
☐ Director West Newton, MA 02465  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: Clerk ☐ Other: \_\_\_\_\_

☐ Chairman Name: Melina Fan  
☐ Vice Chairman Address: 60 Evans Road  
☐ Director Brookline, MA 02445  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: CSO ☐ Other: \_\_\_\_\_

☐ Chairman Name: David Root  
☐ Vice Chairman Address: 7 Cambridge Center  
☒ Director 2010  
☐ President Cambridge, MA 02142  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: 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.

13. C Jones  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Chonnetia Jones, Executive Director  
(Typed or printed name and capacity of person signing application)



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

June 1, 2022

TO WHOM IT MAY CONCERN:

I hereby certify that according to records in this office,

**ADDGENE, INC.**

was incorporated under the General Laws of this Commonwealth on **January 8, 2004 (Chapter 180)**.

I also certify that so far as appears of record here, said corporation still has legal existence.

I further certify that in a **Certificate of Change of Directors or Officers** filed here **May 31, 2022**, the Officers and Directors of said corporation are listed as follows:

**SEE ATTACHED**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth



**The Commonwealth of Massachusetts**  
**William Francis Galvin**

Secretary of the Commonwealth, Corporations Division  
 One Ashburton Place, 17th floor  
 Boston, MA 02108-1512  
 Telephone: (617) 727-9640

**A TRUE COPY ATTEST**

*William Francis Galvin*

**WILLIAM FRANCIS GALVIN**  
**SECRETARY OF THE COMMONWEALTH**

DATE 6/1/22 CLERK Sgn

**Certificate of Change of Directors or Officers of Non-Profit Corporations**

(General Laws, Chapter 180, Section 6D)

Identification Number: 900133592

I, JOHN H. CHU ☒ Clerk ☐ Assistant Clerk,

of ADDGENE, INC.

having a principal office at: 490 ARSENAL WAY SUITE 100 WATERTOWN, MA 02472 USA

certify that pursuant to General Laws, Chapter 180, Section 6D, a change in the directors and/or the president, treasurer and/or clerk of said corporation has been made and that the name, residential street address, and expiration of term of the president, treasurer, clerk and each director are as follows: *(Please provide the name and residential street address of the assistant clerk if he/she is executing this certificate of change. Also, include the names of any additional officers of the corporation.)*

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
PRESIDENT	CHONNETTIA JONES	300 WOODVIEW WAY #407 WATERTOWN, MA 02472 USA	NONE
TREASURER	CARL PARATORE	70 YERXA ROAD ARLINGTON, MA 02474 USA	NONE
CFO	MICHAEL LOHNES	28 SAINT MARY'S ROAD MILTON, MA 02186 USA	NONE
CLERK	JOHN H. CHU	20 BIRCH HILL RD. WEST NEWTON, MA 02465 USA	NONE
CHIEF SCIENTIFIC OFFICER	MELINA FAN	60 EVANS ROAD BROOKLINE, MA 02445 USA	NONE
DIRECTOR	DAVID ROOT	7 CAMBRIDGE CENTER, 2010 CAMBRIDGE, MA 02142 USA	NONE
DIRECTOR	KHANDAN BARADARAN	32 DWIGHT STREET BROOKLINE, MA 02446 USA	1/1/2023
DIRECTOR	FRANK STEGMEIER	20 KINSLEY ROAD ACTON, MA 01720 USA	1/1/2023
DIRECTOR	LUK H. VANDENBERGHE	14 INDIAN HILL ROAD WESTON, MA 02493 USA	1/1/2023
DIRECTOR	KENNETH FAN	32 BURNSIDE AVE SOMERVILLE, MA 02144 USA	NONE
DIRECTOR	MELINA FAN	60 EVANS ROAD BROOKLINE, MA 02445 USA	NONE
DIRECTOR	JULIE CICALESSE	67 DUCK HILL ROAD DUXBURY, MA 02332 USA	NONE
DIRECTOR	JOANNA BROWNSTEIN	29 WARREN STREET WATERTOWN, MA 02472 USA	NONE
DIRECTOR	CARL PARATORE	70 YERXA ROAD ARLINGTON, MA 02474 USA	NONE

DIRECTOR	BENJIE CHEN	60 EVANS ROAD BROOKLINE, MA 02445 USA	NONE
DIRECTOR	MICHAEL KOERIS	8 GRANT STREET, UNIT 7 NATICK, MA 02467 USA	NONE
DIRECTOR	KAREN KATZ	222 PLEASANT STREET BROOKLINE, MA 02446 USA	NONE
DIRECTOR	BART G NEWLAND	72 SEDGEMEADOW RD WAYLAND, MA 01778 USA	NONE

SIGNED UNDER THE PENALTIES OF PERJURY, this 31 Day of May, 2022,  
JOHN H. CHU , Signature of Applicant.