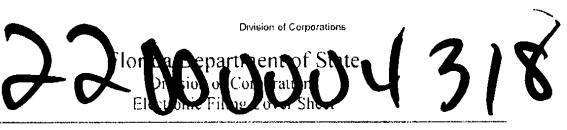
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION

Mayerick Bioworks Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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S. FRANKLIN HelpJUL 1 4 2022

DecuSign Envelope IO: 5393344E-09FC-4E6A-B2C8-FC3388F9C315

To:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

19548277645

From: Kaity

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.

Maverick Biow					
	corporation; must include "INCORPORATEL orp," "Inc," "Co," or "Corp."))." "(COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate nam	— ie яdo	pted for the purpose of transacting business	in Florida)	
Delaware 2.		88	88-2201632 (FEI number, if applicable)		
(State or country under the law of which it is incorporated)			(FEI number, if applicable)		
4. May 10, 2022	5	5			
(Date	of incorporation)		(Date of duration, if other than perpetual)		
6.					
2141 Fox Run D	(Date first transacted business (SEE SECTIONS 607.1501 & 607.			707	
7	r, Eagle Pass, TX 78852	tlice :	treet address)	1022 Jin 13	
	(**************************************		<u></u> ,	. · 	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	(Current mail	ling a	ldress, if differem)		
				PH	
8. Name and street	et address of Florida registered agent: (P	.O. B	ox NOT acceptable) .	1:00	
Name:	C T Corporation System		_	9	
Office Address:	1200 South Pine Island Road		_		
	Plantation		, Plorida 33324		
	(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.

Kevin Wartner Assistant Secretary

(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: 5393344E-09FC-4E6A-B2C8-FC3388F9C315

To:

A. DIRECTORS						
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address: 2141 Fox Run Dr.	□Vice Chairman	Address: 4237 Great Oaks Lane			
Director	Engle Pass, TX 78852	■Director	Jacksonville, FL 32207			
■President		□President				
☐ Vice President		□Vice Presidem				
☐ Secretary	[] Treasurer	■ Secretary	■ Treasurer			
□Other	□Other	□Other				
∐Chairman	Benjamin Alva	_J Chairman	Nome			
			Name:			
Ti Vice Chairman	Address:	TiVice Chairman	Address:			
Director	Eagan, MN, 55122	□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer 2022			
Chief Te	chnology Office V	IOther	۵-			
			ū			
□ Chairman	Name:	_JChairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		≟Director	·			
ClPresident		President				
CIVice President		Tivice President				
□Secretary	☐ Treasurer	USecretary	□ Treasurer			
□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 tiling 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.



Page 1

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

DELAWARE, DO HEREBY CERTIFY "MAVERICK BIOWORKS 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 TWELFTH DAY OF JULY, A.D. 2022.

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

2022 Ji _ 1.3 PH 1: UU

6787627 8300

SR# 20222970936

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

Seffrey W. Bulbock, Becretary of State

Authentication: 203898914

Date: 07-12-22