(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:					

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T. LEMIEUX JUL 14 2022

CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 802292

AUTHORIZATION :

COST LIMIT : \$/70.00

ORDER DATE: July 13, 2022

ORDER TIME : 2:09 PM

ORDER NO. : 802292-005

CUSTOMER NO: 7673476

FOREIGN FILINGS

NAME: BOLT BIOTHERAPEUTICS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO:	O: Registration Section Division of Corporations				
SUBJ	ECT: Bolt Biotherap	eutics, Inc.			
5000		Name of corporat	ion - mus	t include suffix	<u> </u>
Dear S	ir or Madam:				
"Certil	ficate of Existence," o	by Foreign Corporation for "Certificate of Good Supportion to transact busing the contract of	tanding" :	and check are sub	
Please	return all corresponde	ence concerning this mat	ter to the	following:	
Sarah l	Nemec				
		Name	of Person	1	.
Bolt B	iotherapeutics, Inc.				
		Firm/C	ompany		
900 Cł	nesapeake Drive				
		Ad	dress		
Redwo	od City, CA 94063				
		City/State	e and Zip	code	
sneme	c@boltbio.com				
	Е	-mail address: (to be use	d for futu	ire annual report r	iotification)
For fu	ther information cond	erning this matter, pleas	e call:		
Brian V	Brian Woodard at (206 Area Code) Name of Person Area Code		452	52-8764	
	Name of Person	Area C	ode	Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please i		ollowing amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78.7	FATE 75 Filing Fee & Ified Copy	 \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

Bolt Biotherapeutics, Inc.						
		" "COMPANY," "CORPORATION	,			
	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)			
Delaware		47-2804636				
(State or country	y under the law of which it is incorporated)	(FEI number, if app	olicable)			
January 22, 2015	5.					
(Date	of incorporation)	(Date of duration, if other the	nan perpetual)			
	(SEE SECTIONS 607.1501 & 607.1					
000 Chesapeake [Drive, Redwood City, CA 94063		2022 JIII			
		ice <u>street</u> address)	13			
	(Current maili	ng address. if different)	7			
Name and stree	et address of Florida registered agent: (P.C	O. Box NOT acceptable)	3: 35 TATE TORNO			
Name:	Corporation Service Company		٠.			
fice Address:	1201 Hays Street					
	Tallahassee	. Florida 32301				
	(City)	(Zip code)				
	(Enter name of c "Inc.," "Co" "Co." (If name unavailable delaware) (State or countred January 22, 201; (Date) (O) Chesapeake I	(Enter name of corporation; must include "INCORPORATED." "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name Delaware 3. (State or country under the law of which it is incorporated) January 22, 2015 5. (Date of incorporation) (Date first transacted business in (SEE SECTIONS 607.1501 & 607.1 00 Chesapeake Drive, Redwood City, CA 94063 (Principal off (Current mailing) Name and street address of Florida registered agent: (P.6) Name: Corporation Service Company 1201 Hays Street Tallahassee	(Enter name of corporation; must include "INCORPORATED." "COMPANY." "CORPORATION "Inc.," "Co.," "Toc.," "Toc.,			

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.

By: (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.

A. DIRECTORS See attached list □Chairman □Chairman Name: Address: □Vice Chairman Address: ☐ Vice Chairman □Director □Director □President □President □ Vice President ☐ Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer □Other_____ □Other ☐Other _____ □ Chairman □Chairman Name: Name: □Vice Chairman Address: □Vice Chairman Address: □Director □ Director □ President □ President □ Vice President _____ □ Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other ____ Name: □ Chairman Name: ______ □Chairman ☐ Vice Chairman □Vice Chairman Address: _____ Address: □Director Director □President □President □ Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Secretary ☐ 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 filing your Florida Department of State Annual Report form. William P. Quinn 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

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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817.155, F.S.

William P. Quinn, Chief Financial Officer

Board of Directors					
Name	Address				
Randall C. Schatzman,	Bolt Biotherapeutics, Inc.				
Ph.D.	900 Chesapeake Drive				
	Redwood City, CA 94063				
Edgar G. Engleman, M.D.	Bolt Biotherapeutics, Inc.				
	900 Chesapeake Drive				
	Redwood City, CA 94063				
Brian O'Callaghan	Bolt Biotherapeutics, Inc.				
	900 Chesapeake Drive				
	Redwood City, CA 94063				
Richard A. Miller, M.D.	Bolt Biotherapeutics, Inc.				
	900 Chesapeake Drive				
	Redwood City, CA 94063				
James I. Healy, M.D., Ph.D.	Bolt Biotherapeutics, Inc.				
	900 Chesapeake Drive				
	Redwood City, CA 94063				
Mahendra G. Shah, Ph.D.	Bolt Biotherapeutics, Inc.				
	900 Chesapeake Drive				
	Redwood City, CA 94063				
Kathleen LaPorte	Bolt Biotherapeutics, Inc.				
	900 Chesapeake Drive				
	Redwood City, CA 94063				
Frank Lee	Bolt Biotherapeutics, Inc.				
	900 Chesapeake Drive				
	Redwood City, CA 94063				
Nicole Onetto	Bolt Biotherapeutics, Inc.				
	900 Chesapeake Drive				
	Redwood City, CA 94063				

Officers					
Name	Position(s)	Address			
Randall C. Schatzman,	Chief Executive Officer	Bolt Biotherapeutics, Inc.			
Ph.D.		900 Chesapeake Drive			
		Redwood City, CA 94063			
William P. Quinn	Chief Financial Officer and	Bolt Biotherapeutics, Inc.			
	Secretary	900 Chesapeake Drive			
		Redwood City, CA 94063			
Edith A. Perez, M.D.	Chief Medical Officer	Bolt Biotherapeutics, Inc.			
		900 Chesapeake Drive			
		Redwood City, CA 94063			
Grant Yonehiro	Chief Business Officer	Bolt Biotherapeutics, Inc.			
		900 Chesapeake Drive			
		Redwood City, CA 94063			



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

DELAWARE, DO HEREBY CERTIFY "BOLT BIOTHERAPEUTICS, 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 THIRTEENTH DAY OF JULY, 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 "BOLT

BIOTHERAPEUTICS, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF

JANUARY, A.D. 2015.

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

Authentication: 203905250

Date: 07-13-22