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(Requestor's Name)
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SEGAL PAR 5: 23

COVER LETTER

_	stration Section sion of Corporations			
SUBJECT	Epigenetix, Inc.			
		corporation	- must include suffix	
Dear Sir or N	Madam:			
"Certificate	l "Application by Foreign Corp of Existence," or "Certificate o need foreign corporation to tra	f Good Stand	ding" and check are submitt	
Please return	all correspondence concerning	g this matter	to the following:	
Joseph W. Co	ollard			
		Name of I	erson erson	
Epigenetix, h	nc.			
		Firm/Com	pany	
501 East Las	Olas Blvd., Suite 300			
		Addre	SS	
Fort Lauderda	ale, FL 33301			
		City/State ar	nd Zip code	
jc@epigeneti				
	E-mail address:	to be used for	or future annual report notif	ication)
For further in	nformation concerning this mat	ter, please ca	all:	
Joseph W. Co	ollard	561	543-7569	
Nan	ne of Person	Area Code	Daytime Telephone	: Number
Regi Divi The 2415	EET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 thassee, FL 32303		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
	t check for the following amou heck payable to: FLORIDA DEF ling Fee	ARTMENT		\$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.

(Enter name of co	orporation; must include "INCORPORATED." "	COMPANY." "CORPORATION,	,,
"Inc.," "Co.," "Co	orp," "Inc." "Co." or "Corp.")		
(If name unavaila	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	business in Florida)
Deleware 3. 45		5-4079570	
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	licable)
8/13/2013	of incorporation) 5.		
(Date	of incorporation)	(Date of duration, if other th	an perpetual)
8/27/2013 (date	of merger)		
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		21
	(SEE SECTIONS 007.1301 & 007.1302	, r.s., to determine penalty nationity	')
Sill Local Local No.	Plud Suite 300		
501 East Las Ola	s Blvd., Suite 300	streat address)	
	(Principal office	<u>street</u> address)	
Fort Lauderdale,	(Principal office FL 33301		
	(Principal office FL 33301	street address) address, if different)	
Fort Lauderdale,	(Principal office FL 33301 (Current mailing a	nddress, if different)	SECRLES ASSE
Fort Lauderdale, Name and stree	(Principal office FL 33301 (Current mailing a et address of Florida registered agent: (P.O. I	nddress, if different)	SECRLES ASSE
Fort Lauderdale,	(Principal office) FL 33301 (Current mailing a et address of Florida registered agent: (P.O. I Joseph W. Collard	nddress, if different)	SECRLES ASSE
Fort Lauderdale, Name and street Name:	(Principal office FL 33301 (Current mailing a et address of Florida registered agent: (P.O. I	nddress, if different)	
Fort Lauderdale, Name and street	(Principal office) FL 33301 (Current mailing a et address of Florida registered agent: (P.O. I Joseph W. Collard	nddress, if different)	SECRLES ASSE

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.

(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 Joseph W. Collard □ Chairman □ Chairman Name: 1004 Brooks Lane □ Vice Chairman Address: □ Vice Chairman Address: Delray Beach, FL 33483 Director □ Director President □President ☐ Vice President □Vice President ☐ Secretary □Treasurer □ Secretary ☐Treasurer □Other _____ □Other □ Other _____ □Other_____ Name: Claes R. Wahlestedt □ Chairman □Chairman Nanie: 1925 Brickell Ave DPH3 Address: □ Vice Chairman □ Vice Chairman Address: Miami, FL 33129 ■ Director □Director President □President □Vice President □Vice President □ Secretary □ Secretary □Treasurer Treasurer □Other _____ □Other _____ Other _____ Other _____ Name: _____ □ Chairman ☐ Chairman Name: _____ □Vice Chairman Address: _____ □ Vice Chairman Address: □ Director □Director □President □ President □Vice President ___ □Vice President ☐ Treasurer □ Secretary ☐ Treasurer □ Secretary Other □ 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 filiply 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. Joseph W. Collard



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

DELAWARE, DO HEREBY CERTIFY "EPIGENETIX, 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 FIRST 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 "EPIGENETIX, INC." WAS INCORPORATED ON THE FIRST DAY OF AUGUST, A.D. 2013.

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



Authentication: 203569735

Date: 06-01-22

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