

F22000007572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

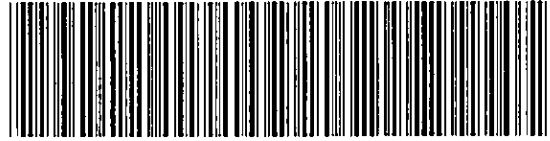
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Additional Instructions to Filing Officer:

Office Use Only



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RECEIVED

2022 DEC 13 PM 3:51

FALL RIVER, MASS.

APPROVED
AND
FILED

2022 DEC 13 PM 5:11

REGISTRY OF DEEDS
FALL RIVER, MASS.

DEC 12 2022

< Brumbley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 240778 8341977

AUTHORIZATION :

COST LIMIT : *South America*
\$70,000

ORDER DATE : December 13, 2022

ORDER TIME : 1:27 PM

ORDER NO. : 240778-010

CUSTOMER NO: 8341977

FOREIGN FILINGS

NAME: EDGEWISE THERAPEUTICS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Edgewise Therapeutics, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John R. Moore

Name of Person

Edgewise Therapeutics, Inc.

Firm/Company

3415 Colorado Ave

Address

Boulder CO 80303

City/State and Zip code

jplatt@edgewisetx.com

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

For further information concerning this matter, please call:

Jane Platt	at (303)	618-5274
Name of Person		Area Code		Daytime Telephone 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

Enclosed is a check for the following amount:

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

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.

1. Edgewise Therapeutics, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Delaware _____ 3. 82-172-5586 _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/17/2017 _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 5/23/2022 _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3415 Colorado Ave. Boulder CO 80303 _____
(Principal office street address)

(Current mailing address, if different)

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

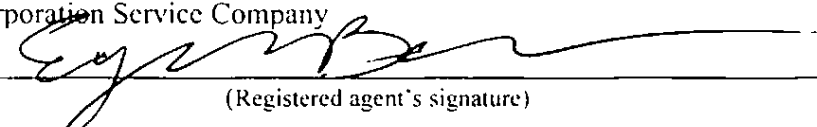
Name: Corporation Service Company _____

Office Address: 1201 Hays Street _____

Tallahassee _____, Florida 32301 _____
(City) (Zip code)

APPROVED AND FILED
2022 DEC 13 PM 5:11
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

Corporation Service Company
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.

11. 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: See attached list

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

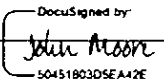
President _____

Vice President _____

Secretary Treasurer

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.

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.

13. John R. Moore, Secretary
(Typed or printed name and capacity of person signing application)

List of Officers and Directors
Edgewise Therapeutics, Inc.
As of 12/9/2022

<p><u>Officer #1</u> Kevin Koch, PhD, President and Chief Executive Officer Business address: c/o Edgewise Therapeutics, Inc., 3415 Colorado Avenue, Boulder, CO 80303</p>
<p><u>Officer #2</u> Alan Russell, PhD, Co-Founder and Chief Scientific Officer Business address: c/o Edgewise Therapeutics, Inc., 3415 Colorado Avenue, Boulder, CO 80303</p>
<p><u>Officer #3</u> R. Michael Carruthers, Chief Financial Officer Business address: c/o Edgewise Therapeutics, Inc., 3415 Colorado Avenue, Boulder, CO 80303</p>
<p><u>Officer #4</u> John R. Moore, General Counsel and Secretary Business address: c/o Edgewise Therapeutics, Inc., 3415 Colorado Avenue, Boulder, CO 80303</p>
<p><u>Officer #5</u> Behrad Derakhshan, PhD, Chief Business Officer Business address: c/o Edgewise Therapeutics, Inc., 3415 Colorado Avenue, Boulder, CO 80303</p>
<p><u>Officer #6</u> Joanne M. Donovan, MD, PhD, Chief Medical Officer Business address: c/o Edgewise Therapeutics, Inc., 3415 Colorado Avenue, Boulder, CO 80303</p>
<p><u>Director #1</u> Peter Thompson, MD, Chairman Business address: c/o Edgewise Therapeutics, Inc., 3415 Colorado Avenue, Boulder, CO 80303</p>
<p><u>Director #2</u> Laura Brege Business address: c/o Edgewise Therapeutics, Inc., 3415 Colorado Avenue, Boulder, CO 80303</p>
<p><u>Director #3</u> Badreddin Edris, PhD Business address: c/o Edgewise Therapeutics, Inc., 3415 Colorado Avenue, Boulder, CO 80303</p>
<p><u>Director #4</u> Kenneth Harrison, PhD Business address: c/o Edgewise Therapeutics, Inc., 3415 Colorado Avenue, Boulder, CO 80303</p>
<p><u>Director #5</u> Jon Root, MD Business address: c/o Edgewise Therapeutics, Inc., 3415 Colorado Avenue, Boulder, CO 80303</p>

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EDGEWISE THERAPEUTICS, 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 DECEMBER, 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 "EDGEWISE THERAPEUTICS, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF MAY, A.D. 2017.

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



6406774 8300

SR# 20224249489

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 205078096

Date: 12-13-22