

2/8/23, 8:45 AM

Division of Corporations

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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (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: slate@madrigalpharma.com

FOREIGN PROFIT/NONPROFIT CORPORATION
MADRIGAL PHARMACEUTICALS, INC.

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

S. FRANKLIN

FEB 09 2023

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DocuSign Envelope ID: 250720DF-C95F-4ABB-BD4C-214A90E8F477

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. MADRIGAL PHARMACEUTICALS, 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)
Delaware 04-3508648

2. (State or country under the law of which it is incorporated) 03/10/2000
3. (FEI number, if applicable)

4. (Date of incorporation) Upon Filing
5. (Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
200 BARR HARBOR DR, SUITE 200, WEST CONSHOHOCKEN, PA 19428

7. (Principal office street address)

(Current mailing address, if different)

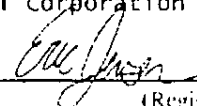
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
1200 South Pine Island Road
Office Address: Plantation FL 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.

C T Corporation System

By:  Eric Jensen, 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.

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

DocuSign Envelope ID: 290720DF-C95F-4ABB-BD4C-214A50E8F477

A. DIRECTORS

Rebecca Taub

☐ Chairman Name: 200 BARR HARBOR DR

☐ Vice Chairman Address: SUITE 200

☐ Director WEST CONSHOHOCKEN, PA 19428

☒ President

☐ Vice President

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

Brian Lynch

☐ Chairman Name: 200 BARR HARBOR DR
☐ Vice Chairman Address: SUITE 200
☒ Director WEST CONSHOHOCKEN, PA 19428
☐ President
☐ Vice President
☒ Secretary ☐ Treasurer
☐ Other ☐ Other

Robert Waltermire

☐ Chairman Name: 200 BARR HARBOR DR

☐ Vice Chairman Address: SUITE 200

☒ Director WEST CONSHOHOCKEN, PA 19428

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other ☐ Other

Alex Howarth

☐ Chairman Name: 200 BARR HARBOR DR

☐ Vice Chairman Address: SUITE 200

☐ Director WEST CONSHOHOCKEN, PA 19428

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

CFO

☐ Other ☒ Other

Remy Sukhija

☐ Chairman Name: 200 BARR HARBOR DR

☐ Vice Chairman Address: SUITE 200

☒ Director WEST CONSHOHOCKEN, PA 19428

☐ 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.

DocuSigned by:

12. Robert Williams Signature of Director or Officer

Signer Name: Robert Waltemire

The officer (or a person who is not a police officer 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 § 817.154 - **§ 817.154 - 2B5945C3DD304C1E8908F19F5744BC90**

Robert Waltermire/ Director and Chief Pharmaceutical Development Officer

13. _____
(Typed or printed name and capacity of person signing application)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MADRIGAL PHARMACEUTICALS, 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 TENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

2023-01-10 11:17



3191544 8300

SR# 20230081378

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

Jeffrey W. Bullock, Secretary of State

Authentication: 202459008

Date: 01-10-23