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Division of Corporations

Fax Number : [850]617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

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## FOREIGN PROFIT/NONPROFIT CORPORATION

## Shield Therapeutics Inc

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## 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.

(If name unavai	able in Florida, enter alter	nate corporate name ad	opted for the purpose of transacting busing	ess in Florida)
Delaware		·		
(State or count			(FEI number, if applicable	
(Date of incorporation) 5		5	(Date of duration, if other than perpetual)	
			·	
	(SEE SECTION		lorida, if prior to registration) 2. F.S., to determine penalty liability)	
117 Kendrick St	Suite 300			<del></del>
Needham, MA 0	249.1	(Principal office	street address)	
		(Current mailing	address, if different)	
		(Current mannig	address, it differents	
Name and stre	et address of Florida reg	istered agent: (P.O.	Box <u>NOT</u> acceptable)	<b>7</b> 9
	et address of Florida reg United Agent Group In	•	Box <u>NOT</u> acceptable)	2977
Name:	•	•	Box <u>NOT</u> acceptable)	505 5
Name:	United Agent Group In	ic.		,,
Name:	United Agent Group In 801 US Highway 1 North Palm Beach	ic.	Box NOT acceptable) , Florida 33408(Zip code)	,,
Name:	United Agent Group In 801 US Highway I North Palm Beach	ic.		1
Name: fice Address:  Registered ag	United Agent Group In  801 US Highway I  North Palm Beach  (Co	ity)		55 F. 4:10
Name: fice Address:  Registered agaving been nan signated in this	United Agent Group In  801 US Highway 1  North Palm Beach  (Content's acceptance: and as registered agent of application, I hereby a	ity)  and to accept service accept the appointme	, Florida 33408, Florida (Zip code)  of process for the above stated corporate as registered agent and agree to accept to acc	ration at the pla
Name: fice Address:  Registered ag aving been nan signated in this other agree to c	United Agent Group In  801 US Highway 1  North Palm Beach  (Content's acceptance: a registered agent of application, I hereby a comply with the provision.	ity)  and to accept service accept the appointme on sof all statutes rela	, Florida \frac{33408}{(Zip code)}  of process for the above stated corpor	ration at the pla
Name:  ffice Address:  Registered ag aving been nan esignated in this orther agree to c	United Agent Group In  801 US Highway 1  North Palm Beach  (Content's acceptance: a registered agent of application, I hereby a comply with the provision.	ity)  and to accept service accept the appointme on sof all statutes rela	Florida 33408 (Zip code) of process for the above stated corporate as registered agent and agree to active to the proper and complete perfo	ration at the pla
Name:  ffice Address:  Registered ag aving been nan esignated in this orther agree to co and I am fumilian	United Agent Group In  801 US Highway 1  North Palm Beach  (Content's acceptance: a registered agent of application, I hereby a comply with the provision.	ity) and to accept service accept the appointme ons of all statutes rela	Florida 33408 (Zip code) of process for the above stated corporate as registered agent and agree to active to the proper and complete perfo	ration at the plat in this capacit

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

under the law of which it is incorporated.

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

## A. DIRECTORS Gregory Madison Chairman □ Chairman Name: 117 Kendrick St Suite 300 Address: ☐Vice Chairman □Vice Chairman Address: Needham, MA 02494 □ Director □ Director President □ President □Vice President \_\_ ☐Vice President □Treasurer □ Secretary ☐ Secretary □ Treasurer Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman ☐ Chairman Name: \_\_\_\_\_ 117 Kendrick St Suite 300 ☐Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_ Needham, MA 02494 Director □Director □ President President □Vice President \_\_ □ Vice President **■**Secretary □ Treasurer ☐ Secretary ☐ Treasurer Other \_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_ □Other \_\_\_\_\_ Name: Hans-Peter Rudolf □ Chairman □Chairman Name: Address: \_\_\_\_\_ ☐Vice Chairman □Vice Chairman Address: Needham, MA 02494 □ 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. 12. /s/ Tiffany Meeker 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.

Tiffany Meeker, Attorney-in-Fact



Page 1

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

DELAWARE, DO HEREBY CERTIFY "SHIELD 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 TWENTY-SECOND DAY OF FEBRUARY, 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.



Joffrey W Bulleck, Secretary of State

Authentication: 202765766

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