

F23000002307

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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FOREIGN PROFIT/NONPROFIT CORPORATION

Recursion Pharmaceuticals, Inc.

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

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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.

1. Recursion 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)
2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/04/2013 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 41 S RIO GRANDE ST, WEST 4650 SOUTH, Salt Lake City, UT 84101
(Principal office street address)

(Current mailing address, if different)

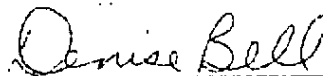
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:	<u>CT Corporation System</u>	
Office Address:	<u>1200 South Pine Island Road</u>	
	<u>Plantation</u>	<u>Salt L al 33324</u>
	(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.

By:



(Registered agent's signature) Denise Bell, Asst. Secy.

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].

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TALLAHASSEE, FLORIDA

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A. DIRECTORS

☐ Chairman Name Chris Gibson

☐ Vice Chairman Address: 41 S. Rio Grande St

☒ Director Salt Lake City, UT 84101

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other _____

☐ Chairman Name Zachary Bogue

☐ Vice Chairman Address: 41 S. Rio Grande St

☒ Director Salt Lake City, UT 84101

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name Zavain Dar

☐ Vice Chairman Address: 41 S. Rio Grande St

☒ Director Salt Lake City, UT 84101

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name Robert Hershberg, MD

☐ Vice Chairman Address: 41 S. Rio Grande St

☒ Director Salt Lake City, UT 84101

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name Terry-Ann Burrell

☐ Vice Chairman Address: 41 S. Rio Grande St

☒ Director Salt Lake City, UT 84101

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name Blake Borgeson

☐ Vice Chairman Address: 41 S. Rio Grande St

☒ Director Salt Lake City, UT 84101

☐ 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. Tina M. Larson

CSA890C706C043E

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. Tina M. Larson, President and COO

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

Recursion Pharmaceuticals, Inc.

41 S. Rio Grande St. West, 4650 South, Salt Lake City, UT 84101

Officers

Chris Gibson, Co-founder and CEO

Tina Marriott Larson, COO and President

Shafique Virani, CMO and Chief Corporate Development Officer (use only when necessary)

Michael Secora, CFO (use only when necessary)

DIRECTOR

Zachary Bogue, J.D.

Zavain Dar

Robert Hershberg, M.D., Ph.D.

Christopher Gibson, Ph.D.

Terry-Ann Burrell, M.B.A.

Blake Borgeson, Ph.D.

R. Martin Chavez, Ph.D.

Dean Y. Li, M.D., Ph.D.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RECURSION 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 TWENTY-FIRST DAY OF MARCH, 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.



5426554 8300

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 202963492