

F23000003777

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2023 JUN 26 PM 2:24

S. ROBERTS

JUN 26 2023

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

ACCOUNT NO. : I20000000195

REFERENCE : 605606 7522129

AUTHORIZATION :

COST LIMIT : \$70.00



ORDER DATE : March 22, 2023

ORDER TIME : 1:50 PM

ORDER NO. : 605606-030

CUSTOMER NO: 7522129

FOREIGN FILINGS

NAME: BIOXCEL 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: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

**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. BioXcel 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. 82-1386754

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 03/29/20107

5.

(Date of incorporation)

(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)

7. 555 Long Wharf Drive, FL 12, New Haven, CT 06511

(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

(City)

Florida 32301

(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.

Corporation Service Company

By: Alexis Weiland-Jensen, ACP

(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: Vimal Mehta
☐ Vice Chairman Address: 555 Long Wharf Drive, FL 12
☐ Director New Haven, CT 06511
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Vincent O'Neill
☐ Vice Chairman Address: 555 Long Wharf Drive, FL 12
☐ Director New Haven, CT 06511
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief R&D Officer ☐ Other _____

☐ Chairman Name: Javier Rodriguez
☐ Vice Chairman Address: 555 Long Wharf Drive, FL 12
☐ Director New Haven, CT 06511
☐ President _____
☒ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other CLO ☐ Other _____

☐ Chairman Name: Richard Steinhart
☐ Vice Chairman Address: 555 Long Wharf Drive, FL 12
☐ Director New Haven, CT 06511
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CFO ☐ Other _____

☐ Chairman Name: Matthew Wiley
☐ Vice Chairman Address: 555 Long Wharf Drive, FL 12
☐ Director New Haven, CT 06511
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Comm. Off. ☐ Other _____

☐ Chairman Name: Frank Yocca
☐ Vice Chairman Address: 555 Long Wharf Drive, FL 12
☐ Director New Haven, CT 06511
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Scientific Off. ☐ 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. Javier Rodriguez
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. Javier Rodriguez, SVP, Chief Legal Officer & Corporate Secretary
(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 "BIOXCEL 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-THIRD DAY OF JUNE, 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 SAID "BIOXCEL THERAPEUTICS, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2017.

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



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.

6363738 8300

SR# 20232837696

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

Authentication: 203610344

Date: 06-23-23