

7/18/23, 4:45 PM

Division of Corporations

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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
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: rhoward@aravive.com

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION
ARAVIVE INC**

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

DEPARTMENT OF STATE
TALLAHASSEE, FL

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DocuSign Envelope ID: A60DC30D-44D9-4C3E-9681-170571A01749

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. Aravive, 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. 26-4106690
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/10/2008 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. 3730 Kirby Drive, Suite 1200, Houston, Texas 77098
(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

Office Address: 1200 South Pine Island Road

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: Meredith Hellwig Meredith Hellwig, Assistant Sec.

(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]:

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A. DIRECTORS

☒ Chairman Name: Fredric Eshelman

☐ Vice Chairman Address: 3730 Kirby Drive, Suite 1200

☐ Director Houston, Texas 77098

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Gail McIntyre

☐ Vice Chairman Address: 3730 Kirby Drive, Suite 1200

☒ Director Houston, Texas 77098

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Rudy Howard

☐ Vice Chairman Address: 3730 Kirby Drive, Suite 1200

☐ Director Houston, Texas 77098

☐ President _____

☐ Vice President _____

☒ Secretary ☐ Treasurer

☒ Other CFO ☐ Other _____

☐ Chairman Name: Amato Giaccia

☐ Vice Chairman Address: 3730 Kirby Drive, Suite 1200

☒ Director Houston, Texas 77098

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Eric Zhang

☐ Vice Chairman Address: 3730 Kirby Drive, Suite 1200

☒ Director Houston, Texas 77098

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Peter Ho

☐ Vice Chairman Address: _____

☒ Director 3730 Kirby Drive, Suite 1200

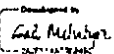
☐ President Houston, Texas 77098

☐ 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. Gail McIntyre, President & Chief Executive Officer
(Typed or printed name and capacity of person signing application)

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A. DIRECTORS

☐ Chairman Name: John Hohnke
☐ Vice Chairman Address: 3730 Kirby Drive, Suite 1200
☒ Director Houston, Texas 77098
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Sigurd Kirk
☐ Vice Chairman Address: 3730 Kirby Drive, Suite 1200
☒ Director Houston, Texas 77098
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Michael Rogers
☐ Vice Chairman Address: 3730 Kirby Drive, Suite 1200
☒ Director Houston, Texas 77098
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Robert Geller
☐ Vice Chairman Address: 3730 Kirby Drive, Suite 1200
☐ Director Houston, Texas 77098
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Medical Officer ☐ Other _____

☐ Chairman Name: Leonard Scott Dove
☐ Vice Chairman Address: 3730 Kirby Drive, Suite 1200
☐ Director Houston, Texas 77098
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Operating Officer ☐ Other _____

☐ Chairman Name: Carolina Petrini
☐ Vice Chairman Address: 3730 Kirby Drive, Suite 1200
☐ Director Houston, TX 77098
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Chief Commercial Officer ☐ 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. _____
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARAVIVE, 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 SEVENTEENTH DAY OF JULY, 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.



4632182 8300

SR# 20233015129

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 in a small font.

Authentication: 203763092

Date: 07-17-23