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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

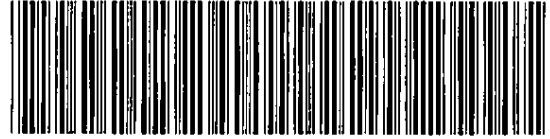
Certified Copies _____

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W03000114587

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2023

MATTHEW J. DAY, ESQ.
1940 PALMER AVENUE, SUITE 1037
LARCHMONT, NY 10538 US

SUBJECT: ENZETA IMMUNOTHERAPIES, INC.
Ref. Number: W23000114587

We have received your document for ENZETA IMMUNOTHERAPIES, INC. and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Are you sure you want to file for the name usage or did you want to file for the actual business? If so, you'll need to change to the corporate application. If not, then you can let me that as well. Also, number 9 needs to be your name, not incorporator.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 623A00019493

Please apply the \$96.25 check to the enclosed Application for Registration of a Foreign Corporation in Florida. The total fee should be \$78.75 to cover \$70.00 for registration and \$8.75 for a Certified Copy of the Application for Registration.

RECEIVED
OCT 09 2023

2 COB
1 CC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EnZeta Immunotherapies, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Matthew J. Day, Esq.

Name of Person

The Law Office of Matthew J. Day PLLC

Firm/Company

1940 Palmer Ave, Suite 1037

Address

Larchmont, NY 10538

City/State and Zip code

services@mjdaylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Day, Paralegal

at (917)

551-6901

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

NOTE: Check #1111 from the Law Office of Matthew J. Day PLLC in the amount of \$96.25 was cashed by the Florida Department of State (see attached letter). Kindly apply that amount to the fees for this Application by Foreign Corporation for Authorization to Transact Business in Florida and refund remaining funds.

**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. EnZeta Immunotherapies, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

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

3. 93-2672754

(FEI number, if applicable)

4. July 31, 2023

(Date of incorporation)

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)

7. 122 Sevilla Ave #1814, Coral Gables, FL 33134 Attn: Paul Kelly

(Principal office street address)

(Current mailing address, if different)

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

Name: Paul Kelly

Office Address: 122 Sevilla Ave #1814

Coral Gables

(City)

, Florida

33134

(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.

Paul E. Kelly

(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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FILED

A. DIRECTORS

☒ Chairman Name: Paul Kelly
☐ Vice Chairman Address: 122 Sevilla Ave #1814
☐ Director Coral Gables, FL 33134
☒ President _____
☐ Vice President _____
☒ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Sergio Traversa
☐ Vice Chairman Address: 2222 Ponce de Leon Blvd
☒ Director 3rd Floor
☐ President Coral Gables, FL 33134
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ 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. Paul E. Kelly

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. Paul Kelly

(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 "ENZETA IMMUNOTHERAPIES, 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 EIGHTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENZETA IMMUNOTHERAPIES, INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2023.



7597693 8300

SR# 20233194421

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

A handwritten signature of Jeffrey W. Bullock in black ink, 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: 203922803

Date: 08-08-23