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(R	Requestor's Name)					
(Address)						
(A	ddress)					
(C	ity/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL				
(B	usiness Entity Name)					
(Document Number)						
Certified Copies	Certificates of	Status				
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K. Brumbley

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 431304 8320828 AUTHORIZATION TO THE COMMENT COST LIMIT : \$ 70.00 ORDER DATE: April 23, 2024 ORDER TIME : 12:06 PM ORDER NO. : 431304-020 CUSTOMER NO: 8320828 FOREIGN FILINGS NAME: EF THERAPEUTICS CORP. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY \_ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Shauna Godbolt -- EXT#

CORPORATION SERVICE COMPANY

1201 Hays Street

## 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.

EF Therapeutics	s Corp.				
	corporation; must include "INCORPORAT" (orp.," "Inc.," "Co.," or "Corp.")	ED," "C	OMPANY," "CORPORATION."		
(If name unavail	able in Florida, enter alternate corporate na	ıme ador	oted for the purpose of transacting busin	ness in Florida)	
2. Delaware		3			
(State or countr	y under the law of which it is incorporated	j)	(FEI number, if applicable)		
4. 09/30/2020		5			
(Date	e of incorporation)		(Date of duration, if other than perpetual)		
Upon qualification 5.					
7 400 Ashley Drive	e, Suite 1900, Tampa. FL 33602  (Principal	office <u>s</u> 1	reet address)		
		C	dress, if different)	7024 AF3	
8. Name and stree	et address of Florida registered agent:	(P.O. Bo	ox <u>NOT</u> acceptable)	25	
Name:	Corporation Service Company		<del>-</del>	Pli	
Office Address:	1201 Hays Street		_	<del>二</del> 元 次	
	Tallahassee		. Florida <u>32301</u>	<del></del>	
	(City)		(Zip code)		
9. Registered ag	•		(Zip code)		

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: Shauna Godbolt

(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.

A. DIRECTORS							
Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
□Director	Suite 1900	□Director					
□President	Tampa, FL 33602	□President		<del>-</del>			
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer			
Other	Other	Other		□Other			
□Chairman □Vice Chairman □Director	Name: Rick Flath  Name: 400 N Ashley Dr Suite 1900  Address: Tampa, FL 33602	☐Chairman ☐Vice Chairman ☐Director	Address:				
□President		□President					
■ Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	Other	□Other	<u></u> -	Other			
□Chairman □Vice Chairman □Director ■President □Vice President	Name: Tariq Shah  Name: 400 N Ashley Dr Suite 1900  Address: Tampa, FL 33602	□Chairman □Vice Chairman □Director □President □Vice President	Address:				
□Secretary	□Treasurer	☐ Secretary		☐Treasurer			
□Other	Other	□Other		□Other			
Important Notice: Use alter depment 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 four 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.

Gary Strange, Chairman of the Board



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

DELAWARE, DO HEREBY CERTIFY "EF THERAPEUTICS CORP." 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 APRIL, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EF THERAPEUTICS CORP." WAS INCORPORATED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2020.

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

Authentication: 203316853

Date: 04-23-24