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Division of Corporations

Florida Department of State
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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: legalnotice@abeonatherapeutics.com

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DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
 Abeona Therapeutics Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

2024 MAY 17 AM 4:11
 TALLAHASSEE, FL

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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. ABEONA 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 83-0221517
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/22/1989 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6555 Carnegie Ave. 4th Floor, Cleveland, OH 44103
(Principal office street address)

(Current mailing address, if different)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 33324
(City) (Zip code)

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2024 MAY 17 AM 7:41
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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: Christine Kelm
(Registered agent's signature)
Christine Kelm
Assistant Secretary

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: Leila Alland, M.D.

Vice Chairman Address: 102 Carriage House Road

Director Bernardsville, NJ 07924

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Mark Alvino

Vice Chairman Address: 80 Dekalb Ave, APT 26P

Director Brooklyn, NY 11201

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Michael Amoroso

Vice Chairman Address: 102 Golf Edge Drive

Director Westfield, Nj 07090

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Faith Charles

Vice Chairman Address: 1049 Park Ave

Director New York, NY 10028

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Vishwas Seshadri, Ph.D., M.B.A.

Vice Chairman Address: 31 Geiger Lane

Director Warren, NJ 07059

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Christine Silverstein

Vice Chairman Address: 200 E. 21st St., APT 6C

Director New York, NY 10010

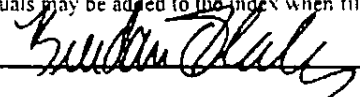
President _____

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. 
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. Brendan M. O'Malley, Senior Vice President, General Counsel, Corporate Secretary
(Typed or printed name and capacity of person signing application)

ABEONA THERAPEUTICS INC. – BOARD OF DIRECTORS

1. Donald Wuchterl
Director
20826 E Happy Trails Ln
Ouis Orchards, WA 99027

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABEONA 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 SIXTEENTH DAY OF MAY, A.D. 2024.

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.



2200172 8300

SR# 20242193661

You may verify this certificate online at corp.delaware.gov/authver.shtmlHandwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203491030

Date: 05-16-24