7/11/24, 9:28 AM Division of Corporations

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Florida Department of State
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Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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.
whitney@kulabio.com
Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Kula Bio Inc.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	$78.75

2024 JUL 11 PM 12:14
OFFICE OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

RECEIVED
2024 JUL 11 AM 10:31
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JUL 12 2024
K. Brumbley

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. Kula Bio, Inc.
(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
(State or country under the law of which it is incorporated)

3. 83-1208420
(FEI number, if applicable)

4. 07/06/2018
(Date of incorporation)

5.
(Date of duration if other than perpetual)

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

7. 6 Mercer Road, Natick, MA 01760
(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.

SEAN L. EMERICK, ASSISTANT SECRETARY

By
(Registered agent's signature)

2024 JUL 11 PM 12:14
APPROVED AND FILED
SECRETARY OF STATE TALLAHASSEE, FLORIDA

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. Complete the following purpose. The names and street addresses of the primary officers and/or directors (specify titles):

DIRECTORS

Chairman Name: William Brady
Vice Chairman Address: 6 Mercer Road
Director Natick, MA 01760
President
Vice President
Secretary Treasurer
Other CEO Other

Chairman Name: Mark Haddad
Vice Chairman Address: 6 Mercer Road
Director Natick, MA 01760
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

Chairman Name
Vice Chairman Address
Director
President
Vice President
Secretary Treasurer
Other Other

Important Note: Use an attachment to report more than six. The attachment will be imaged for reporting purposes only. Non-elected individuals may be added to the lines above. [illegible] Department of State Annual Report form.

12. William J Brady
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 13 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. WILLIAM T. BRADY CEO
(Typed or printed name and capacity of person signing application)

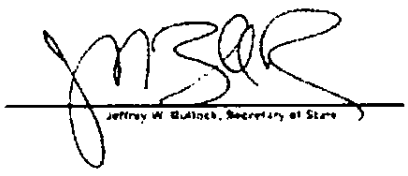
Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KULA BIO, 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-SIXTH DAY OF JUNE, 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.



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Date: 06-26-24