F24000005480

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u></u> .





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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

COVER LETTER

	stration Section sion of Corporations			
SURIFCT	Deciphex Inc.			
SUBJECT	Name of o	corporation - n	nust include suffix	
Dear Sir or M	Aadam:			
"Certificate of	I "Application by Foreign Corport Existence," or "Certificate of need foreign corporation to tran	Good Standin	g`` and check are submitt	
Please return	all correspondence concerning	this matter to	the following:	
Jinal Vakil				
		Name of Per	son	
Deciphex Inc				
	 -	Firm/Compar	ıy	
185 Alewife	Brook Pkwy Ste 210			
		Address		
Cambridge M	IA 02138			
	(City/State and	Zip code	
jinal.vakil@z				
	E-mail address: (to be used for	future annual report notif	ication)
For further is	nformation concerning this matt	er, please call:		
Jinal Vakil	at	(617	Daytime Telephone Number	
Nar	ne of Person	Area Code	Daytime Telephone	e Number
Regi Divi The 241:	EEET/COURIER ADDRESS: istration Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 1	on orations
Enclosed is a Please make o	a check for the following amoun theck payable to: FLORIDA DEP ling Fee	ARTMENT OF $\mathbb{F}_{ee} \& \square \mathbb{S}$		S87.50 Filing Fee. Certificate of Status & Certified Copy

under the law of which it is incorporated.

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.

	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")		
(If name unavaila	able in Florida, enter alternate corporate nar	me adopted for the purpose of transacting business in	Florida)
Delaware		30-1207109	
(State or countr	y under the law of which it is incorporated)	3. (FEI number, if applicable)	
08/23/2019		5.	
(Date	of incorporation)	5. (Date of duration, if other than perpetual)
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	-
185 Alewife Broo	ok Pkwy Ste 210 Cambridge MA 02138		
	(Principal o	office street address)	
185 Alewife Bro	ok Pkwy Ste 210 Cambridge MA 02138		
	(Current ma	iling address, if different)	
			17.07
Name and street	<u>et address</u> of Florida registered agent: (i	P.O. Box NOT acceptable)	9
Name:	Registered Agent Solutions, Inc.		2024 OCT -7
	2894 Remington Green Ln Ste. A		
ffice Address:			===
	Tallahassee	Florida <u>32308</u> (Zip code)	<u>।</u> स्र
	(City)	(Zip code)	
Registered age	ent's acceptance:		
aving been nam	ed as registered agent and to accept se	rvice of process for the above stated corporation	n at the pi
signated in this orther agree to c	application, I hereby accept the appotentions of all statute	ntment as registered agent and agree to act in the es relative to the proper and complete performan	nis capaci ice of my
id I am familiar	with and accept the obligations of my	position as registered agent.	,
	A. to	211	
_	- Ulliv Ve	HILLA-	
	(Registered agent	s signature)	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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

Docusign Envelope ID: 4B89BB3D-BE8D-439F-8C84-432AAF62807F

A. DIRECTORS Mairin Rafferty Daniel O'Shea □ Chairman Name: □ Chairman 185 Alewife Brook Pkwy Ste 210 185 Alewife Brook Pkwy Ste 210 ☐ Vice Chairman Address: □Vice Chairman Address: Cambridge MA 02138 Cambridge MA 02138 Director ■ Director □ President President □Vice President □Vice President ____ Treasurer ☐ Treasurer ■ Secretary □ Secretary □Other _____ Other _____ □Other _____ □Other _____ □ Chairman Name: Name: □ Chairman □Vice Chairman Address: _____ □Vice Chairman Address: ________ □ Director Director □ President □President □Vice President □Vice President _____ □Treasurer □Secretary □ Treasurer □Secretary □Other _____ □Other ______ □Other □Other ______ Name: _____ □Chairman □Chairman Name: _____ Address: ☐ Vice Chairman □Vice Chairman Address: _____ □ Director □ Director □President President □Vice President □Vice President _____ □ Treasurer Secretary □Treasurer □ Secretary □Other _____ □Other _____ □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 thing your Florida Department of State Annual Report form. Donal O'Shia 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. Daniel O'Shea, President

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DECIPHEX 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2024.



Authentication: 204449561

Date: 09-20-24