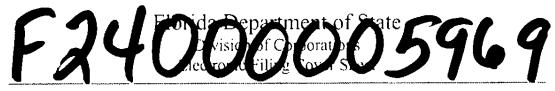
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

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. **

galya.blachman@enliventherapeutics.com Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION ELVN Inc.

Certificate of Status	0
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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.	Enliven Inc.				
•	(Enter name of c	orporation: must include "INCORPORATED," orp," "Inc." "Co." or "Corp.")	"COMPAN	Y," "CORPORATION."	
		ELVN Inc.			
	(If name unavaila	able in Florida, enter alternate corporate name a	idopted for th	ne purpose of transacting busin	ness in Florida)
2.	DE	3.	84-21843	313	
-	(State or countr	y under the law of which it is incorporated)		(FEI number, if applicabl	e)
4.	06/12/2019	5.			
	(Date	of incorporation)	(Da	te of duration, if other than pe	rpetual)
6.					
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15			
7.,	6200 Lookout	Road, Boulder, CO 80301			
		(Principal offic	re <u>street</u> addi	(688)	
		(Current mailing	g address, if o	different)	2024 B.C.
8.	Name and stree	t address of Florida registered agent: (P.O	. Box <u>NOT</u>	_acceptable)	7-5 :
	Name:	C T Corporation System			20
O	ffice Address.	1200 South Pine Island Road			[: 도
		Plantation	FL	33324	<i>⊳</i> >
		(City)		(Zip code)	5

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.

	C T Corporation System	Elizabeth Trunda, Assistant Secretary
By:		<i>C2</i>
	(Registered age	nt'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.

To

□ Chairman	Name: Samuel Kintz.	□Chairman	Name: Benjamin Hohl
□Vice Chairman	Address: 6200 Lookout Rd	□Vice Chairman	Address: 6200 Lookout Road
□Director	Boulder, CO 80301	□Director	Boulder, CO 80301
X President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	☐Secretary	Treasurer
□Other	Other	□Other	Other
□ Chairman	Name: Anish Patel.	☐ Chairman	Name: Helen Collins
□Vice Chairman	Address: 6200 Lookout Road	□ Vice Chairman	Address: 6200 Lookout Road
□Director	Boulder, CO 80301	Director	Boulder, CO 80301
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□ I reasurer
X ^{Other} COO	Other	Other Chief Med	Other
□ Chairman	Name: Joseph Lyssikatos	□Chairman	Name: Galya Blachman
	Address: 6200 Lookout Road		Address: 6200 Lookout Road
□Director	Boulder, CO 80301	□Director	Boulder, CO 80301
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	Secretary	□Treasurer
X Other Chief Se	cientific Officer []()(ther	□Other	□ Other

he index when filing your Florida Department of State Annual Report form,

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.

Galya Blachman, Corporate Secretary



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ENLIVEN 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 NINETEENTH DAY OF NOVEMBER, 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.

Authentication: 204910791

Date: 11-19-24