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John James

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Florida Department of State
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.****

Email Address: MOSES.MAKUNJE@NUVATIONBIO.COM

**FOREIGN PROFIT/NONPROFIT CORPORATION
NUVATION BIO 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. Nuvation Bio 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 3. 85-0862255
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/24/2020 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 1500 Broadway, Suite 1401, New York, NY 10036
(Principal office street address)

(Current mailing address, if different)

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

Name:	<u>C T Corporation System</u>		
Office Address:	<u>1200 South Pine Island Road</u>		
	<u>Plantation</u>	<u>FL</u>	<u>33324</u>
	(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.

C T Corporation System

By: Devin Randolph Devin Randolph, Assistant Secretary
(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.

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

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A. DIRECTORS

☐ Chairman Name: Moses Makunje
☐ Vice Chairman Address: 1500 Broadway, Suite 1401
New York, NY 10036
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☒ Chairman Name: David Hung, M.D.
☐ Vice Chairman Address: 1500 Broadway, Suite 1401
New York, NY 10036
☒ Director
☒ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other

☐ Chairman Name: W. Anthony Vernon
☐ Vice Chairman Address: 1500 Broadway, Suite 1401
New York, NY 10036
☒ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Robert B. Bazemore Jr.
☐ Vice Chairman Address: 1500 Broadway, Suite 1401
New York, NY 10036
☒ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Kathryn E. Falberg
☐ Vice Chairman Address: 1500 Broadway, Suite 1401
New York, NY 10036
☒ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Robert Mashak, M.D.
☐ Vice Chairman Address: 1500 Broadway, Suite 1401
New York, NY 10036
☒ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

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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. Moses Makunje
 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. Moses Makunje, VP, Finance
 (Typed or printed name and capacity of person signing application)

**Attachment to
Application by Foreign Corporation for
Authorization to Transact Business in Florida**

Item 11.A: Additional Directors

Kim Blickenstaff, 1500 Broadway, Suite 1401, New York, NY 10036

Min Cui, Ph.D., 1500 Broadway, Suite 1401, New York, NY 10036

Junyuan Jerry Wang, Ph.D., 1500 Broadway, Suite 1401, New York, NY 10036

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NUVATION 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 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.



7946403 8300

SR# 20244332235

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204982691

Date: 11-26-24