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COVER LETTER

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BJECT:		<u> </u>		Limited au Pier	
	Name	or corporatio	n - mus	t include suffix	
Sir or M	ladam:				
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e return	all correspondence concern	ing this matte	er to the	following:	
ie Cote					
		Name o	 f Persor	1	
a Global	Expansion US LLC				
		Firm/Co	mpany	<u> </u>	
A Landes T	Droote Dorleyson Suita 210	1 11111/00	припу		
	Brook Parkway Suite 210				
		Add	ress		
bridge, N	MA 02138				
		City/State	and Zip	code	
ie.cote@a	zedra.com				
	E-mail addres	s: (to be used	for fut	ure annual report n	otification)
further ir	nformation concerning this r	natter please	: call:		
idition in	normation concerning	, p	*		
lie Cote		at (, 57	6-2005	
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STR	REET/COURIER ADDRES	SS:		MAILING A	DDRESS:
Registration Section			Registration Section		
Division of Corporations			Division of Corporations		
The Centre of Tallahassee			P.O. Box 6327		
2415 N. Monroe Street, Suite 810			Tallahassee, F	FL 32314	
Talla	ahassee, FL 32303				
losed is a	a check for the following an	iount:			
se make c	check payable to: FLORIDA D	DEPARTMEN	T OF S	TATE	
	iling Fee			.75 Filing Fee &	☐ \$87.50 Filing Fee
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Cartified Conv

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

♥ COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	ologies Inc.		
Enter name of co Inc.," "Co.," "Co	orporation; must include "INCORPORATED," orp," "Inc," "Co." or "Corp.")	"COMPANY," "CORPORATI	ion,"
If name unavaila	ble in Florida, enter alternate corporate name a	idopted for the purpose of transac	eting business in Florida)
Delaware	3	30-1255906	
State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
0/21/2020	5.		
(Date	of incorporation)	(Date of duration, if oth	er than perpetual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty lia	bility)
5 Alewife Broo	ok Parkway Suite 210, Cambridge, MA 02138		
	(Principal offic	ce street address)	
		<u></u>	<u></u>
	(Current mailin	g address, if different)	
	·	•	<u>. </u>
Name and stree	et address of Florida registered agent: (P.C	•	<u> </u>
Name and stree	·	•	2021 SEI
Name:	et address of Florida registered agent: (P.C	•	2024 NOV
Name:	et address of Florida registered agent: (P.C. Registered Agent Solutions, Inc.). Box <u>NOT</u> acceptable)	2024 NOV -4 SEGRETARY
	et address of Florida registered agent: (P.C. Registered Agent Solutions, Inc. 2894 Remington Green Ln Ste. A). Box <u>NOT</u> acceptable)	2024 NOV -4 AM SECRETARY OF TALLAHASSE
Name: ice Address:	Registered Agent Solutions, Inc. 2894 Remington Green Ln Ste. A Tallahassee (City)). Box <u>NOT</u> acceptable)	
Name: ice Address: Registered ag	et address of Florida registered agent: (P.C. Registered Agent Solutions, Inc. 2894 Remington Green Ln Ste. A Tallahassee (City)). Box <u>NOT</u> acceptable)	
Name: ice Address: Registered ag	Registered Agent Solutions, Inc. 2894 Remington Green Ln Ste. A Tallahassee (City) ent's acceptance: seed as registered agent and to accept servi). Box NOT acceptable) , Florida 32308 (Zip code) ce of process for the above sta	ated corporation at the p
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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.

A. DIRECTORS			A contract Count
□Chairman	Name: Thomas Laurent	□Chairman	Name: Antoine Gorel
□Vice Chairman	Address:	□Vice Chairman	Address: 185 Alewife Brook Pkwy
Director	Ste 210	□Director	Ste 210
■ President	Cambridge, MA 02138	□President	Cambridge MA 02138
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	■ Treasurer
Other	Other	Other	□Other
□Chairman	Alexandra Suhas	□Chairman	Name:
	185 Alewife Brook Parkway	□Vice Chairman	Address:
□ Director	Suite 210	□Director	
□President	Cambridge, MA 02138	□President	
		□Vice President	
□Secretary	□Treasurer	Secretary	□Treasurer
Other Assist. S	Gecretary	□Other	Other
□Chairman	Name:	□Chairman	Name:
	Address:	□Vice Chairman	Address:
Director		□Director	
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	Treasurer
Other	Other	Other	□Other
individuals may b	Use an attachment to report more than six (6). The att be added to the index when filing your Florida Departn	nent of State Annual R	ed for reporting purposes only. Non-indexe
12	Signature of Director	or Officer	

Thomas Laurent - President

Page 1



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

DELAWARE, DO HEREBY CERTIFY "MICROPEP TECHNOLOGIES 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-FIRST DAY OF OCTOBER, A.D.

2024.



Authentication: 204681289

Date: 10-21-24



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.