

F 250000000 665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

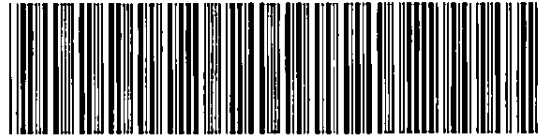
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DIVISION OF CORPORATIONS
25 FEB -3 AM 11:01

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 02/03/2025

Acc#I20160000072

Eric DW

Name:	SAFER HUMAN MEDICINE, INC.
Document #:	
Order #:	16123409

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

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 Verifier _____
 W.P. Verifier _____
 Ref# _____

Amount: \$ **78.75**

Thank you!

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

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

1. Safer Human Medicine, 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. 92-2594334
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/24/2023 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. 100 Northern Avenue, Boston, MA 02210
(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, Florida 33324
(City) (Zip code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
25 FEB -3 AM 11:01

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: Kathryn Widdoes 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]:

A. DIRECTORS

Chairman Name: James Harkness
 Vice Chairman Address: 100 Northern Avenue
 Director Boston, MA 02210
 President _____
 Vice President _____
 Secretary Treasurer
 Other CEO Other _____

Chairman Name: Zach Weinberg
 Vice Chairman Address: 100 Northern Avenue
 Director Boston, MA 02210
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

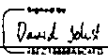
Chairman Name: Drew Oetting
 Vice Chairman Address: 100 Northern Avenue
 Director Boston, MA 02210
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: David Johst
 Vice Chairman Address: 100 Northern Avenue
 Director Boston, MA 02210
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Kurt Derfler
 Vice Chairman Address: 100 Northern Avenue
 Director Boston, MA 02210
 President _____
 Vice President _____
 Secretary Treasurer
 Other COO Other _____

Chairman Name: James Giovanoni
 Vice Chairman Address: 100 Northern Avenue
 Director Boston, MA 02210
 President _____
 Vice President _____
 Secretary Treasurer
 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 filing your Florida Department of State Annual Report form.

12.  _____
 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. David Johst, President
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

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I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAFER HUMAN MEDICINE, 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 THIRD DAY OF FEBRUARY, A.D. 2025.

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.



7317063 8300

SR# 20250354574

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink that reads "C. P. Sanchez".

Charuni P. Sanchez, Secretary of State

Authentication: 202840091

Date: 02-03-25