

F26000003146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

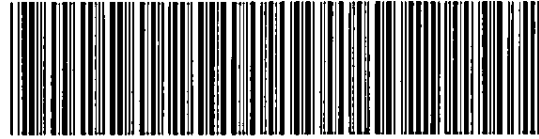
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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REGISTERED
FALLS CHURCH, VA 22034

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2. 17
MAY 28 2021

11AS

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

Date: 05/22/2026

Acc#I20160000072

en: c DW

Name:	Immunome, Inc.
Document #:	
Order #:	17359840

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:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **70.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Immunome, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robin Parmelee

Name of Person

Immunome, Inc.

Firm/Company

18702 North Creek Parkway, Suite 100

Address

Bothell, WA 98011

City/State and Zip code

accounting@immunome.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Parmelee

at (425) 939-7410

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. Immunome, 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. 77-0694340
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/12/2015 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. 18702 North Creek Parkway, Suite 100, Bothell, WA 98011
(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 FL 33324
(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: SEAN L. EMERICK, 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: Clay Siegall, Ph.D.
 Vice Chairman Address: 18702 North Creek Parkway
 Director Suite 100
 President Bothell, WA 98011
 Vice President _____
 Secretary _____ Treasurer _____
 Other CEO Other _____

Chairman Name: Max Rosett
 Vice Chairman Address: 18702 North Creek Parkway
 Director Suite 100
 President Bothell, WA 98011
 Vice President _____
 Secretary _____ Treasurer _____
 Other CFO Other _____

Chairman Name: Phil Tsai
 Vice Chairman Address: 18702 North Creek Parkway
 Director Suite 100
 President Bothell, WA 98011
 Vice President _____
 Secretary _____ Treasurer _____
 Other Chief Technical Officer Other _____

Chairman Name: Roe Shahar
 Vice Chairman Address: 18702 North Creek Parkway
 Director Suite 100
 President Bothell, WA 98011
 Vice President _____
 Secretary _____ Treasurer _____
 Other EVP Other Commercial

Chairman Name: Sandra Stoneman, J.D.
 Vice Chairman Address: 18702 North Creek Parkway
 Director Suite 100
 President Bothell, WA 98011
 Vice President _____
 Secretary _____ Treasurer _____
 Other Chief Legal Officer Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

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 MAY 22 PM 1:24
 FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE

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. Max Rosett _____
 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. Max Rosett, Chief Financial Officer _____
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMMUNOME, 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 FOURTH DAY OF MAY, A.D. 2026.

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.

FILED
2026 MAY 22 PM 1:24
CORPORATION DIVISION
DELAWARE



C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 203832190

Date: 05-04-26

5896455 8300

SR# 20262243488

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