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Date:1	2/11/2019	
	Merritt Walker	
	1160869	
	PRV	HOLDCO LLC
	of Incorporation/Authorizat	
☐ Amend	ment	
☐ Change	e of Agent	~;
Reinsta	atement	2319 [1]
☐ Conver	sion	
☐ Merger		
☐ Dissolu	tion/Withdrawal	
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COVER LETTER

TO: Registration Section

	Name of Li	nited Liability Company			
			act Business in Florida," Certificate company to transact business in Florid		
ase return all correspondenc	e concerning this matter to the fo	lowing:			
Wayne Holn	nan				
Name of Person					
c/o Ridgebac	ek Biotherapeutics L.P.				
Firm/Company					
3162 Commodore Plaza, Suite 3E					
	· · ·	Address			
Coconut Gro	ove, Florida 33133				
	City/Sta	e and Zip Code			
Wayne@ridge	·				
	E-mail address: (to be used	or future annual report notifi			
r further information concerr	ning this matter, please call:		2013		
		212 624-2567	ne Telephone Number		
Name	e of Contact Person		ne Telephone Number		
MAILING ADDRES		STREET A	DDRESS:		
Division of Corporation	ons	Division of Registration	Corporations : : : : : : : : : : : : : : : : : : :		
Registration Section P.O. Box 6327		Registration Clifton Buil	ding		
Tallahassee, FL 32314	I		tive Center Circle		
Enclosed is a check fo	r the following amount:				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	nda The a	ternate manic must include "Limited Liability Company," "L	LC," or "LLC"
DELAWARE Thursdiction under the law of which foreign limited liability company is organized)		;		
		3.	(17.1 number, if applicable)	
	(Date first transacted business in Florida, if poor to (See sections 605,0904 & 605,0905; F.S. to determine	registration ne penalty) læbilny)	
3162 Commodore Plaza (Street Address of Principal Office)			3162 Commodore Plaza	
		6.	(Mailing Address)	
Suite 3E			Suite 3E	
Coconut Grove, Florida 33133			Coconut Grove, Florida 33133	2019
		NOT		ייי נייו
Name and street address	ss of Florida registered agent: (P.O. Box	<u>NO1</u> :	эссергане)	
Name:	Wayne Holman			-,-
Office Address:	3162 Commodore Plaza, Suite 3E			
	Coconut Grove		33133 , Florida	
	(City)		(/m code)	

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Ridgeback Biotherapeutics L.P. ☐ Manager Name: Manager 3162 Commodore Plaza Member Address: _____ **■** Member Suite 3E Authorized Authorized Coconut Grove, Florida 33133 Person Person Other____ Other Other Other____ Manager Manager Name: Manager Address: Member | Address: Member Authorized Authorized Person Person Other Other___ Other____ Other___ Manager Name: Manager Member | Address: Member Authorized Authorized Person Person Other _____ Other Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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. Wavne Holman

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "PRV HOLDCO LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SIXTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRV HOLDCO LLC"

WAS FORMED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2660... 11 5... H. 50



Authentication: 204157572

Date: 12-06-19

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SR# 20198491318