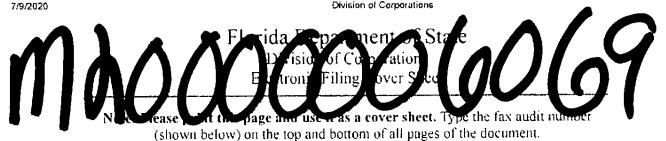
Division of Corporations



(((H20000217298 3)))



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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 : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

Foreign Limited Liability Company Valiant Biosciences, LLC

Certificate of Status	0
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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. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

•	imited Liability Company, must include "Limited					
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The elternote	name must include "Limited Li	ability Company,	*"LLC," o	r"LLC.")
Delaware		3	(FEI gunn			_
(Jurisdiction under the law of wh	ich fereign (imited liability company is organized)		dmup 141)	er, if applicable)		
July 9, 2020						
J	(Date first transacted business in Florida, if prior to re (See sections 605.0934 & 605.0905, F.S., to determin	gistration) penalty lishility)			
747 SW 2nd Avenue			SW 2nd Avenue			
Street Address of Principal Office)		6	Mailing Address)			_
IMB 31, Suite 195		IMB	31, Suite 195			
Gainesville, Florida 32	601	Gain	esville, Florida 32601			_
7. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> accept	able)	<u>!~</u>	\$6.11 \$7. 1	•
Name:	C T Corporation System		_		ero F	
Office Address:	1200 South Pine Island Road		_		₽ >>	
	Plantation				* ≱≀	
	(€#y)		(Zip code)	_	*****	

Registered agent's acceptance:

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.

By: Lathyn & While you Art. Secure (Registered agent's signature)

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8.	For initial indexing purposes, list n	ames, title or capacity and	addresses of the primary	members/managers or	persons authorized to
ma	anage [up to six (6) total];				

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Douglas J. Swirsky	□Manager	Name: Manuela Corti
⊡ Member	Address:	■Member	Address: c/o Valiant Biosciences, LLC
□Authorized	747 SW 2nd Avenue, IMB 31, Suite 195	□Authorized	747 SW 2nd Avenue, IMB 31, Suite 195
Person	Gainesville, Florida 32601	Person	Gainesville, Florida 32601
Other	Other	Other	□ Other
ÚМanager	Name: Barry J. Byrne	■Manager	Name: Philip R. Johnson
⊞Member	Address: c/o Valiant Biosciences, LLC	☑Member	Address: c/o Valiant Biosciences, LLC
□Authorized	747 SW 2nd Avenue, IMB 31, Suite 195	□ Authorized	747 SW 2nd Avenue, IMB 31, Suite 195
Person	Gainesville, Florida 32601	Person	Gainesville, Florida 32601
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	∐Member	Address:
□ Authorized		□Authorized	
Person		Person	·
□Other	Other	□ 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.

- 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.

	Philip K. Johnson	
	Signature of an authorized person	
Philip l	R. Johnson, Managing Member	
	Typed or printed name of signat	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "VALIANT BIOSCIENCES, 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 NINTH DAY OF JULY, A.D. 2020.

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

Authentication: 203254903

Date: 07-09-20