

9/29/21, 11:25 AM

Division of Corporations

Florida Department of State

Division of Corporations

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From:

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Foreign Limited Liability Company

GRAIL BIO, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2021 SEP 29 AM 11:49

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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2 OF 2, DO NOT REJECT. FILE SECOND WITH H21000364406 3 FIRST ***

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GRAHL, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

GRAHL BIO, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. Delaware 3. 83-3673636
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. _____
(Date first transacted business in Florida; if prior to registration, see sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 1525 O'Brien Drive 6. _____
(Street Address of Principal Office) (Mailing Address)

Menlo Park, CA 94025

7. 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 33324
(City) (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: Rachel O'Connor Rachel O'Connor - Assistant Secretary
(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Illumina, Inc</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Hans Bishop</u>
<input checked="" type="checkbox"/> Member	Address: <u>5200 Illumina Way</u>	<input type="checkbox"/> Member	Address: <u>1525 O'Brien Drive</u>
<input type="checkbox"/> Authorized	<u>San Diego, CA 92122</u>	<input type="checkbox"/> Authorized	<u>Menlo Park, CA 94025</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Matthew Young</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Marissa Lee Song</u>
<input type="checkbox"/> Member	Address: <u>1525 O'Brien Drive</u>	<input type="checkbox"/> Member	Address: <u>1525 O'Brien Drive</u>
<input type="checkbox"/> Authorized	<u>Menlo Park, CA 94025</u>	<input type="checkbox"/> Authorized	<u>Menlo Park, CA 94025</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u>CFO & COO</u>	<u></u>	<input type="checkbox"/> Other <u>General Counsel</u>	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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.

Marissa Song
 Typed or printed name of signer

Marissa Song

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GRAIL, 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 TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2021.

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



3650500 8300

SR# 20213320416

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204227452

Date: 09-22-21