

MA300008124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

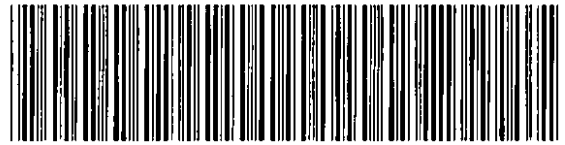
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 JUN 13 PM 3:07

T. LEMIEUX

JUN 22 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ProKidney, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Renee Bumgarner

Name of Person

ProKidney, LLC

Firm/Company

2000 Frontis Plaza Avenue, Suite 250

Address

Winston Salem, NC 27103

City/State and Zip Code

renee.bumgarner@prokidney.com

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

For further information concerning this matter, please call:

Suprena Fay

Name of Contact Person

at (336)

Area Code

748-6228

Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

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

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1 ProKidney, LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, order of letters must be typed for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2 Delaware
(Jurisdiction under the law of which Foreign Limited Liability Company is organized)

3 81-0889991
(FEI number, if applicable)

4 April 3, 2023
(Date first transacted business in Florida, if prior to registration)
(For sections 605.0704 & 605.0705, F.S. to determine perjury liability)

5 2000 Frontis Plaza Blvd, Suite 250
(Street Address of Principal Office)

6 2000 Frontis Plaza Blvd, Suite 250
(Mailing Address)

Winston Salem, NC 27103

Winston Salem, NC 27103

7 Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name Kim R. Wang

Office Address 16921 Harvest Moon Way

Bradenton, Florida 34211
(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.


(Registered agent 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 checked="" type="checkbox"/> Manager	Name: <u>Tim Bertram, CEO</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Deepak Jain, COO</u>
<input type="checkbox"/> Member	Address: <u>2000 Frontis Plaza Blvd</u>	<input type="checkbox"/> Member	Address: <u>2000 Frontis Plaza Blvd</u>
<input type="checkbox"/> Authorized	<u>Suite 250</u>	<input type="checkbox"/> Authorized	<u>Suite 250</u>
Person	<u>Winston Salem, NC 27103</u>	Person	<u>Winston Salem, NC 27103</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>James Coulston, CFO</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2000 Frontis Plaza Blvd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 250</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Winston Salem, NC 27103</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



Signature of an authorized person

Renee Bumgarner, Sr. Director of Finance/Controller

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROKIDNEY, 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 TENTH DAY OF JANUARY, A.D. 2023.

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



5911701 8300

SR# 20230079593

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 202457570

Date: 01-10-23



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF AUTHORIZATION (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

PROKIDNEY, LLC

is a limited liability company formed under the laws of Delaware as ProKidney, LLC and was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on 29th day of December, 2015.

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company has not withdrawn from the State of North Carolina, (ii) the said limited liability company's certificate of authority has not been suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively revoked for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial revocation, withdrawal, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of January, 2023.

Elaine F. Marshall

Secretary of State



Scan to verify online.



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF AUTHORIZATION (Long Form)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

PROKIDNEY, LLC

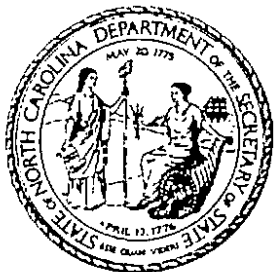
a limited liability company organized under the laws of Delaware was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on the 29th day of December, 2015, with its period of duration being Perpetual, under the name ProKidney, LLC and the following documents have been filed since that date:

<u>Date</u>	<u>Event</u>	<u>Filed Document</u>
12/29/2015	Creation Filing	Application for Certificate of Authority Limited Liability
4/11/2016	Annual Report	Annual Report LLC
9/14/2016	Amendment	Change of Address of Registered Office/Agent
3/23/2017	Annual Report	Annual Report LLC
3/1/2018	Annual Report	Annual Report LLC
7/2/2019	Annual Report	Annual Report LLC
4/7/2020	Annual Report	Annual Report LLC
12/17/2020	Name Change	Corporation Name Change (Foreign)
4/9/2021	Annual Report	Annual Report LLC
4/22/2022	Annual Report	Annual Report LLC

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of January, 2023.

Elaine F. Marshall

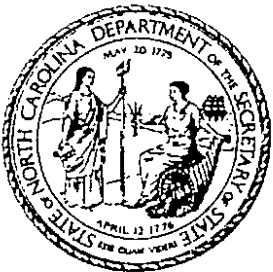
Secretary of State



Scan to verify online.

I, FURTHER certify that no record is found of other corporate documents having been filed since the 22nd day of April, 2022

I FURTHER certify that the said limited liability company's certificate of authority is not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company's certificate of authority is not revoked for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that a certificate of withdrawal has not been issued in the name of the said limited liability company as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of January, 2023.

Elaine J. Marshall

Secretary of State