# F24000003711

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# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Foreign DE Corporation: Ele	egen Corp.		
Name Name	of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to to	of Good Standi	ng" and check are submit	
Please return all correspondence concerni	ing this matter to	the following:	
Jodie Bowen			
	Name of Pe	rson	
Elegen Corp.			
	Firm/Compa	ny	
1300 Industrial Rd, Suite 16			
	Address		
San Carlos, CA, 94070			
	City/State and	Zip code	
taxes@elegenbio.com			
E-mail address	: (to be used for	future annual report noti	fication)
For further information concerning this m	-		
Jodie Bowen	at (510	519-4331	
Name of Person	Area Code	Daytime Telephon	e Number
STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADD Registration Section Division of Corporate P.O. Box 6327 Tallahassee, FL	ion orations
Enclosed is a check for the following amore Please make check payable to: FLORIDA DI  \$70.00 Filing Fee \$78.75 Filing Certificate of	EPARTMENT O g Fee & 🗆 🗆 S	_	387.50 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.

Elegen Corp.			
	f corporation; must include "INCORPORATED," " "Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unav	ailable in Florida, enter alternate corporate name ad	opted for the purpose of transacting busine	ess in Florida)
Delaware, USA 3.		82-2202226	
	ntry under the law of which it is incorporated)	(FEI number, if applicable	
	ate of incorporation)  ns yet, employee is moving to FL.	(Date of duration, if other than per	petual)
7. 1300 Industrial	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Rd, Suite 16, San Carlos, CA, 94070		
	(Principal office	street address)	
8. Name and str	(Current mailing a reet address of Florida registered agent: (P.O. )	address, if different)  Box NOT acceptable)	110F 8703
Name:	Northwest Registered Agent LLC	_	. 1
Office Address:	7901 4th St N STE 300	<u> </u>	79 32
	St. Petersburg, FL	, Florida	<u> </u>
	(City)	(Zip code)	9

#### 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.

(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.

## DocuSign Envelope ID: 7D27F95D-8408-403D-A2D3-422A977CDE9F

#### A. DIRECTORS Name: \_\_\_\_\_ Name: □Chairman □ Chairman 2565 Burnt Leaf Ln Address: □Vice Chairman ☐ Vice Chairman Address: Decatur, GA, 10003 Director Director President ☐ President □Vice President ☐ Vice President □Treasurer □Treasurer □Secretary □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: Name: □ Chairman □ Chairman □Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_ Director Director ☐ President President □Vice President ☐Vice President ☐Treasurer Treasurer □ Secretary □Secretary ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: ☐ Chairman □ Chairman Name: \_\_\_\_\_ Address: ☐ Vice Chairman □Vice Chairman Address: □ Director □ Director □ President □President □Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary □Treasurer ☐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. 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. Matthew Hill, CEO math-Will

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ELEGEN CORP." 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 TWENTY-FIRST DAY OF JUNE, A.D. 2024.

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at corn delaware sov/auti

Authentication: 203762562

Date: 06-21-24