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COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	Parallel Biosystems, Inc.			
	Name	of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign C Existence," or "Certificate ed foreign corporation to t	of Good Stan	ding" and check are subm	Business in Florida," uitted to register the
Please return a	all correspondence concern	ing this matter	to the following:	
Robert DiFazio	1		_	
		Name of	Person	
Parallel Biosys	tems, Inc.			
		Firm/Com	pany	
68 Harrison Av	re Ste 605 PMB 77640			
·		Addre	ess	
Boston, MA 02	111			
	 	City/State a	nd Zip code	
parallelbio@ao	.арр			
	E-mail addres	s: (to be used f	or future annual report no	tification)
For further inf	ormation concerning this n	natter, please c	all:	
Robert DiFazio	Robert DiFazio at (857 799-5220			
Name	of Person	Area Cod	Daytime Telepho	one Number
Regist Divisi The C 2415 1	ET/COURIER ADDRES tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 819 lassee, FL 32303		MAILING AD Registration Sec Division of Con P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a c Please make ch \$70.00 Fili	check for the following ameck payable to: FLORIDA Ding Fee	EPARTMENT ig Fee & [OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

(If name unavails	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)	_
DE	3. 8	5-1912619	_
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
06/29/2020	5	(Date of duration, if other than perpetual)	_
(Date	of incorporation)	(Date of duration, if other than perpetual)	
11/16/2024			_
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		
200 Dexter Ave S	Suite 140, Watertown, MA 02472		
	(Principal office	street address)	-
68 Harrison Ave	#605, PMB 77640, Boston, MA 02111		24
····	(Current mailing	address, if different)	3 "
			,
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	ယ
Name:	Universal Registered Agents, Inc.		2
ffice Address:	1317 California Street	_	_ ထဲ
IIIoo I idai o	Tallahassee	, Florida 32304 (Zip code)	
	(City)	(Zip code)	

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.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS	i						
□ Chairman	Name:	□ Chairman	Name:	(illiard			
□Vice Chairman	68 Harrison Ave	□Vice Chairman	Address:	rrison Ave			
Director	Ste 605 PMB 77640	□Director	Ste 605 PMB 7	7640			
□President	Boston, MA 02111	□President	Boston, MA 021	111			
□Vice President		□Vice President					
Secretary	☐Treasurer	☐ Secretary		☐Treasurer			
©EO		CSO CSO		□Other			
□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman					
□Director		Director					
□President		□ President					
□Vice President		□Vice President					
☐ Secretary	☐Treasurer	Secretary	ı	□Treasurer			
□Other	Other	Other		□Other			
□ Chairman	Name:	Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director	-				
□President		President					
□Vice President		□Vice President					
☐ Secretary	Treasurer	☐ Secretary	ļ	□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. 12. Robert Diragio							
12. 10000	Signature of Director o	r 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.							
13. Robert DiFazio							
(Typed or printed name and capacity of person signing application)							

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PARALLEL BIOSYSTEMS, INC." 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 THIRD DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARALLEL BIOSYSTEMS, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2020.

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

al corn delaware sov/auth

Authentication: 204547217

Date: 10-03-24

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