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COVER LETTER

_	istration Section sion of Corporations				
SUBJECT	Exokinetics, Inc.				
SUBJECT	Name of corporation - must include suffix				
Dear Sir or l	Madam:				
"Certificate	d "Application by Foreign Cor of Existence," or "Certificate on need foreign corporation to tra	f Good Stand	ng" and check are submit		
Please return	all correspondence concernin	g this matter t	o the following:		
Ryan Meers -	Chief Operating Officer				
		Name of Pe	erson		
Exokinetics, I	nc.				
		Firm/Comp	any		
19 Hagerty B	lvd., Unit 15				
		Addres	s		
West Chester	r, PA. 19382				
		City/State and	l Zip code		
ryan@exokin					
	E-mail address:	(to be used fo	r future annual report noti	fication)	
For further i	nformation concerning this ma	tter, please ca	1:		
Ryan Meers		610 at (222-5964		
Nar	ne of Person	Area Code	Daytime Telephor	ne Number	
Reg Divi The 241:	REET/COURIER ADDRESS istration Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303	:	MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations	
	a check for the following amounteek payable to: FLORIDA DE ling Fee	PARTMENT (Fee &		\$87.50 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.

1.	Exokinetics, Inc.				
•		orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATIO	۷,"	
	Exokinetics Zee	n			
	(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	ig business in Florida)	
2.	Delaware	3	n/a		
(State or country under the law of which it is incorporated)		y under the law of which it is incorporated)	(FEI number, if applicable)		
July 12th, 2016		5.	n/a		
(Date of incorporation)			(Date of duration, if other than perpetual)		
6.	April 12th, 2022				
•		(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liabil	ity)	
7.	19 Hagerty Blvd.,	Unit 15, West Chester, PA. 19382			
-	-	(Principal off	ice street address)	-	
				2022	
		(Current maili	ng address, if different)	 : :	
8.	Name and stree	et address of Florida registered agent: (P.G	O. Box NOT acceptable)	 -	
	Name:	Northwest Registered Agent LLC	<u></u>	7. T.	
Oi	ffice Address:	7901 4th St N STE 300		52	
		St. Petersburg	. Florida 33702	•	
		(City)	(Zip code)		

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.

A. DIRECTORS Rick Sherak Ryan Meers □ Chairman ☐ Chairman Name: 270 Curwen Road 1410 Thrush Lane ☐ Vice Chairman Address: □ Vice Chairman Address: West Chester, PA. 19382 Bryn Mawr, PA. 19010 □ Director □Director □President President □Vice President □Vice President □Treasurer □Treasurer □ Secretary □ Secretary **☑**Other _ COO ZOther ___CEO □Other _____ □Other _____ □ Chairman Name: ☐ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: _____ □ Director □ Director □President □President □Vice President ☐ Vice President □ Secretary ☐ Treasurer ☐ Treasurer □ Secretary Other ☐ Other ______ ☐Other ____ □Other _____ Name: ____ □ Chairman □ Chairman Name: ______ □ Vice Chairman Address: _____ □Vice Chairman Address: _____ □ Director □ Director □President □ President ☐ Vice President □ Vice President _ ☐Treasurer □Treasurer □ Secretary □ Secretary 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.

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.

Ryan Meers - Chief Operating Officer, Exokinetics Inc.

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

DELAWARE, DO HEREBY CERTIFY "EXOKINETICS, 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 NINETEENTH DAY OF NOVEMBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXOKINETICS, INC." WAS INCORPORATED ON THE TWELFTH DAY OF JULY, A.D. 2016.

Authentication: 204916912

Date: 11-19-24