2/6/25, 11:31 AM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000046326 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

megan.filoon@elicio.com

Email Address:__

FOREIGN PROFIT/NONPROFIT CORPORATION

Elicio Therapeutics, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

From: Daylen Platt

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.

· ·	Elicio Therapeuties, Inc.				
	orporation: must include "INCORPORAT orp." "Inc." "Co." or "Corp.")	ED."	"COMPANY	;" "CORPORATION;"	
	thle in Florida, enter alternate corporate na			purpose of transacting bu	isiness in Florida)
2. Delaware		3	11-3430072		
(State or countr	y under the law of which it is incorporated	}		(FEI number, if applic	able)
	of incorporation)		(Date	of duration, if other than	perpetual)
,).					
7 451 D Street, Suit	te 501, Boston, MA 02210 (Principal	office	e <u>street</u> addre	ss)	
	(Current ma	ailing	address, if di	fferent)	· <u>F</u>
8. Name and <u>stree</u> Name; Office Address:	t address of Florida registered agent: (C T Corporation System 1200 South Pine Island Road	P.O.	Box <u>NQT</u> a	cceptable)	1014 FEB -6 MT
	Plantation		FL	33324	
	(City)		·	(Zip code)	59

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.

> C T Corporation System By: SEAN L. EMERICK, ASSISTANT SECRETARY S. C. C. (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.

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

⊡ Chairman	Julian Adams, Ph.D.	□Chairman	Name: Carol Ashe	
□Vice Chairman Address:			451 D Street Address.	
■Director	Suite 501	⊡Director	Suite 501	
□President	Boston, MA 02210		Boston, MA 02210	
		□Vice President		
☐Secretary	☐ Treasurer	□ Secretary	∃Treasurer	
☐Other	□Other	□Other		
□Chairman	Yekaterina (Katie) Chudnovsky	□Chairman	Robert Connelly Name:	
	Address: 451 D Street	□Vice Chairman	Address: 451 D Street	
	Suite 501		Suite 501	
□ Director □ President	Boston, MA 02210		Boston, MA 02210	
		□Vice President		
☐ Secretary	□ Freasurer	☐ Secretary	□Treasurer	
□Other	Other	⊒Other		
□Chairman	Name: Megan C. Filoon	⊡Chairman	Allen Nissenson, MD Name:	
□Vice Chairman	451 D Street	□Vice Chairman	451 D Street	
	Suite 501	□ Director	Suite 501	
□President	Boston, MA 02210	☐ President	Boston, MA 02210	
□Vice President		□Vice President		
■Secretary	□!Treasurer	☐Secretary	□Treasurer	
□Other	ElOther	□Other		

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.

	Robert Connel	ly	CEO	
11.	i i i			

Attachment for Officer and Director

Entity Name - Elicio Therapeutics, Inc.

Address for Officer and Director - 451 D Street, Suite 501, Boston, MA 02210

Name Management	Title
Allen Nissenson, MD	Director
Robert R. Ruffolo, Jr., Ph D	Director
Jay Venkatesan, MD	Director
Karen Wilson	Director
<u> </u>	
<u></u>	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ELICIO THERAPEUTICS, 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 EIGHTEENTH DAY OF NOVEMBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204903587

Date: 11-18-24