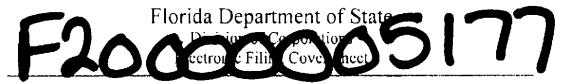
11/17/2020

Division of Corporations



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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FOREIGN PROFIT/NONPROFIT CORPORATION

Pendulum Therapeutics, Inc.

RECEIVED

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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. PENDULUM THERAPEUTICS, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Ine ," "Co.," "Corp," "Ine," "Co," or "Corp ") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

(FEI number, if applicable) 11/30/2012 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.150) & 607.1502, F.S., to determine penalty liability) 933-20th Street, San Francisco, CA 94107 (Principal office address) (Current maiting address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation, (City)

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.

By: Scott White, Assistant Secretary
(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.

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11. Names and business addresses of officers and/or directors:

នា	Colleen Cutcliffe, Ph.D.
4	233-20th Street, San Francisco, CA 94107
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FI	CERS Colleen Cutcliffe, Ph.D.
	933-20th Street, San Francisco, CA 94107
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-	
- Decu1	I necessary, you may attach an addendum to the application listing additional officers and/or directors.
	Signature of Director or Officer
ic ai	er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herei and that he or she is aware that false information submitted in a document to the Department of State constitut gree felony as provided for in s.817.155, F.S.
olle	en Cutcliffe, Ph.D., President (Typed or printed name and capacity of person signing application)

The First State

Page 1

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

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

DELAWARE, DO HEREBY CERTIFY "PENDULUM THERAPEUTICS, INC." IS DULY

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF OCTOBER, A.D.

2020.

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: 203917571

Date: 10-22-20