

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
Received and Filed

12/29/2022 12:00:00 AM

Fee receipt: \$962.00

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Authority**

**RCA**

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a profit corporation.
2. The name of the entity is: Thrombogenics Inc
3. The name of the entity to be used in Kentucky is (if applicable): ThromboGenics Inc
4. It is an entity organized and existing under the laws of the state of New York.
5. The date of organization is 4/23/2003 and the period of duration is perpetual

**Principal Office**

1030 Salem Road  
Union, NJ 07083

**Registered Agent Name/Address**

C T Corporation System  
306 W Main St Ste 512  
Frankfort, KY 40601

6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Gabriel Almeida on 12/29/2022
7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. C T Corporation System on 12/29/2022