

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

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

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Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Authority (Foreign Business Entity)		FBE		
Pursuant to the provisions of KRS 14A and, for that purpose, submits the follow		es for authority to transact bu	usiness in Kentucky or	n behalf of the entity named belo	
The entity is a: X profit corporation		nonprofit corporation professional I		nited liability company	
	business trust limited lia		statutory trust	statutory trust	
limited partnership		Itd cooperative association		public benefit corporation	
non-profit IIc pro		onal service corporation	other		
2. The name of the entity is BioNTec	h US Inc.				
(The	name must be identical to the name	ne on record with the Secre	etary of State.)		
3. The name of the entity to be used in	Kentucky is (if applicable):				
TO CARLES AND CONTROL OF THE CONTRO	(Only	provide if "real name" is ur	navailable for use; ot	herwise, leave blank.)	
4. The state or country under whose la				.	
The date of organization is 10/21/2	013	and the period of duration		n is considered perpetual.)	
6. The mailing address of the entity's	principal office is		(II left blank, uurauoi	i is considered perpetual.	
40 ERIE STREET, SUITE 110,		CAMBRIDGE	MA	02139	
Street Address	9	City	State	Zip Code	
7. The street address of the entity's registered office in Kentucky is 306 W. Main Street, Suite 512		Frankfort	KY	40601	
Street Address (No P.O. Box Numbers)		City	Stat	e Zip Code	
8. The names and business addresse RICHARD GAYNOR Name Sierk Poetting	s of the entity's representatives (secretary 40 ERIE STREET, SUITE 110 Street or P.O. Box 40 ERIE STREET, SUITE 11	, CAMBRIDGE City 0, CAMBRIDGE	MA State MA	02139 Zip Code 02139	
Name	Street or P.O. Box	City	State	Zip Code	
Brian Kickham Name	40 ERIE STREET, SUITE 11 Street or P.O. Box	0, CAMBRIDGE City	MA State	02139 Zip Code	
9. If a professional service corporation and treasurer are licensed in one or m statement of purposes of the corporation. 10. I certify that, as of the date of filing. 11. If a limited partnership, it elects to be compared to the corporation of the corporation. 12. If a limited liability company, check the corporation of the corporation.	ore states or territories of the United son. this application, the above-named er be a limited liability limited partnership ck box if manager-managed:	States or District of Columbia ntity validly exists under the lap. Check the box if applicable	to render a profession was of the jurisdiction of	nal service described in the	
Signature of Authorized Representative	-	Brian Kickham, Secreta		_8/22/2023 Date	
Type/Print Name of Registered Agent C T Corporation System C T Corporation System		consent to serve as the regist	ered agent on behalf (or the business entity.	
By:	Denise Bell Denise Bell	As	st, Secretary	8/2/2023	

Printed Name

Title

Date

Signature of Registered Agent