

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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<http://www.sos.ky.gov>

Certificate of Authority

FBE

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 entity is a **profit corporation**.
2. The name of the entity is  
**springworks therapeutics Inc.**
3. The name of the entity to be used in Kentucky is  
**springworks therapeutics Inc.**
4. The state or country under whose law the entity is organized is **Delaware**.
5. The date of organization is **3/29/2019** and the period of duration is **perpetual**.
6. The mailing address of the entity's principal office is  
**100 Washington Blvd Fl 5, Stamford, CT 06902**
7. The street address of the entity's registered office in Kentucky is  
**306 W Main St Ste 512, Frankfort, KY 40601**  
and the name of the registered agent at that office is **CT Corporation System**.
8. The names and business addresses of the entity's representatives:

<b>Registered Agent</b>	CT Corporation System	306 W Main St Ste 512	Frankfort	KY	40601
<b>Officer</b>	Michael Nofi	100 Washington Blvd Fl 5	Stamford	CT	06902
<b>Authorized Rep</b>	Michael Nofi	100 Washington Blvd Fl 5	Stamford	CT	06902

9. This application will be effective on **Friday, April 19, 2024**.

As the Authorized Representative, I, **Michael Nofi**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Authorized Rep**

I, **Christine Kelm**, consent to sign for **CT Corporation System** who serves as the **Registered Agent** on behalf of this profit corporation company.