



State of Rhode Island

Department of State - Business Services Division

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Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: SYNGENE USA INC		
2. It is incorporated under the laws of: DELAWARE		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 8/24/2017 And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution: _____		
5. The address of its principal office is: 485 US HIGHWAY IS #B305, ISELIN, NJ 08830		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name CT CORPORATION SYSTEM Street Address (NOT a P.O. Box) 450 VETERANS MEMORIAL PARKWAY, SUITE 7A City/Town EAST PROVIDENCE State RHODE ISLAND Zip Code 02914		

MAIL TO:

Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.scs.ri.gov

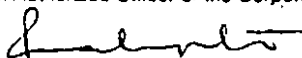
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FORM 100 - Revised 03/2020

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: SALES SUPPORT FOR PARENT COMPANY			
8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):			
	NAME	ADDRESS	
	JONATHAN BRITTAN HUNT	485 US HIGHWAY 1S #B305, ISELIN, NJ 08830	
	MUCKATIRA BHEMAIAH CHINAPPA	485 US HIGHWAY 1S #B305, ISELIN, NJ 08830	
	PRIYADARSHINI MAHAPATRA	485 US HIGHWAY 1S #B305, ISELIN, NJ 08830	
Check the box to indicate an attachment <input type="checkbox"/>			
8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):			
	OFFICE	NAME	ADDRESS
	PRESIDENT	JONATHAN BRITTAN HUNT	485 US HIGHWAY 1S #B305, ISELIN, NJ 08830
	VICE PRESIDENT		
	TREASURER	MUCKATIRA BHEMAIAH CHINAPP	485 US HIGHWAY 1S #B305, ISELIN, NJ 08830
	SECRETARY	PRIYADARSHINI MAHAPATRA	485 US HIGHWAY 1S #B305, ISELIN, NJ 08830
Check the box to indicate an attachment <input type="checkbox"/>			
9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:			
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
5,000	COMMON		\$100.00
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)			
0 _____ %			
11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)			
0 _____ %			

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of Authorized Officer: PRIYADARSHINI MAHAPATRA	Date 15/12/2020
Signature of Authorized Officer of the Corporation 	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYNGENE USA 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 SEVENTEENTH DAY OF DECEMBER, 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 SAID "SYNGENE USA INC" WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



6521730 8300

SR# 20208683746

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204352740

Date: 12-17-20



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

December 21, 2020 11:17 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

