

**FOREIGN REGISTRATION STATEMENT**

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

-FILED-

File #: 0006214324

Date Filed: 4/21/2025 1:23:00 PM

1. The name of the entity is: Hephaestus Pharmaceuticals LLC
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
- | | |
|---|--|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> General Cooperative Association |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust |
| <input type="checkbox"/> Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.) | |
4. Jurisdiction of formation: Delaware
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
10913 NW 30th Street, Unit 102, Miami, FL 33172
(Street Address)
1111B S Governors Ave STE 25428, Dover, DE 19904
(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
1111B S Governors Ave STE 25428, Dover, DE 19904
(Street Address)
(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)
8. Name and street address of registered agent in Idaho:
Cogency Global Inc. 1555 W. Shoreline Drive Suite 100 Boise, ID 83702
(Name and Address)
9. The name, capacity, and mailing address of at least one governor:
- | | | |
|----------------------------|---------------------|---|
| <u>Adonis Health, Inc.</u> | <u>Member</u> | <u>1111B S Governors Ave STE 25428, Dover, DE 19904</u> |
| (Name) | (Capacity) | (Address) |
| _____
(Name) | _____
(Capacity) | _____
(Address) |

Secretary of State use only

Typed Name: Darr KadlubowskiSignature: 
457271921CFC44DCapacity: CEO & President of Adonis Health, Inc.

Delaware

The First State

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I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEPHAESTUS PHARMACEUTICALS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEPHAESTUS PHARMACEUTICALS LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2023.

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



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SR# 20251336995

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

A handwritten signature in black ink, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203324422

Date: 04-01-25

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