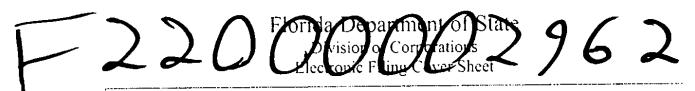
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001698173)))



H220001698173ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page; Doing 50 will generate another cover sheet.

To:

Page: 2 of 5

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (954)208-0845 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION RUBRIS INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

S. ROBERTS

MAY 1 2 2022

From: Kaity Toor

DocuSign Envelope ID: E10D48E2-7566-483F-B799-CD6525D451C9

Page: 3 of 5

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPAN"	Y," "CORPORATION	, ·
RUBRIS INC.				
(If name unavaila	ble in Florida, enter alternate corporate nan	ne adopted for the	e purpose of transactin	g business in Florida)
DELAWARE		84-4572880		
(State or countr	under the law of which it is incorporated)	(FEI number, if applicable)		
02/04/2020		5		
(Date	of incurporation)	(Date of duration, if other than perpetual)		
04/01/2022				
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	s in Florida, if pr 7.1502, F.S., to do	ior to registration) etermine penalty liabili	tÀ)
7900 Westpark D	(SEE SECTIONS 607,1501 & 607 r., Suite A100 McLean, VA 22102 (Principal of #815 Alexandria, VA 22314	7.1502, F.S., to do	etermine penalty liabili ess)	<i>ι</i> λ.)
7900 Westpark D 107 S West Stree Name and <u>stree</u>	(SEE SECTIONS 607,1501 & 607 r., Suite A100 McLean, VA 22102 (Principal of #815 Alexandria, VA 22314	office <u>street</u> addi	ess)	
7900 Westpark D 107 S West Stree	(SEE SECTIONS 607.1501 & 607. r., Suite A100 McLean, VA 22102 (Principal of the Half of	office <u>street</u> addi	ess)	2027 HAY 12
7900 Westpark D 107 S West Street Name and <u>street</u> Name:	(SEE SECTIONS 607.1501 & 607 r., Suite A100 McLean, VA 22102 (Principal of t. #815 Alexandria, VA 22314 (Current material address of Florida registered agent: ()	office <u>street</u> addi	ess)	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. and I am familiar with and accept the obligations of my position as registered agent.

	C.T Corporation System	CHRAMINACAN	Christina Kelm Assistant Bocretary	
By:			<u> </u>	
	(Registered agent's signature)			

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

DocuSign Envelope ID: E10D48E2-7566-483F-B799-CD6525D451C9

A. DIRECTORS			Districtions	
□Chairman	Name. Ed Bell	□ Chairman	Name:	
□Vice Chairman	Address	□Vice Chairman	Address	
Director	Alexandria, VA 22314	Director	Gaithersburg, MD 20878	
□Presideni		□President		
□Vice President		□Vice President		
□Secretary	☐Treasurer	□ Secretary	□Treasurer	
□Other	Other	Other	Other	
			N.	
□ Chairman	Name:	□C'hairman	Name.	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		☐ President		
□Vice President		□Vice President		
☐ Secretary	☐Treasuret	☐Secretary	∃Treasmer	
□Other	Other	□Other	Other	
□Chairman	Name.	∐('hairmao	Name:	
	Address:	□Vice Chairman	Address:	
Director		□Director		
		∐President		
☐President		[IVice President	- 	
		□ Secretary	Treasurer	
☐Secretary		□0ther		
individuals may b	Use an attachment to report more than six (6) The au ie added to the index when filing your Florida Departn greed by.	nichment will be imagnent of State Annual R	ed for reporting purposes only. Non-indexed deport form.	
12 Picke	Signature of Director	or Officer		
The officer or dire she is aware that to \$.817,155, F.S.	ector signing this document (and who is listed in numl false information submitted in a document to the Depa	ner 11 above) affirms (that the facts stated herein are true and that he or	
13. Rick Gross,	CFO of Rubris Inc. (Typed or printed name and capacity of per	rson signing application	on)	
	(1) beg or branca rating and cabacat, or be-			



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RUBRIS 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 TENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Authentication: 203390821

Date: 05-10-22