Y2200003818

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Oity/State/Zip/Filloffe #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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2022 JUN - 1 KH 10: 16

S. FRANKLIN
JUN 1 9 2022

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: SOPHYA INC.					
	e of corporation	- must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Foreign "Certificate of Existence." or "Certifica above referenced foreign corporation to	ite of Good Stanc	ling" and check are submitted to regist	lorida," er the		
Please return all correspondence conce	rning this matter	to the following:			
ANGELINE TAN					
	Name of I	'erson	207		
SAGENT MANAGEMENT			2022 J. 1 - 1 AH 10: 1		
	Firm/Com	pany			
691 S. MILPITAS BLVD, STE 212			-		
	Addre	SS			
MILPITAS, CA 95035			. <u>5</u>		
	City/State ar	nd Zip code	16		
SAGENTOPERATIONS@SAGENTMAN					
E-mail addr	ess: (to be used fo	or future annual report notification)			
For further information concerning this	; matter, please c	aH:			
ANGELINE TAN	408	at () 263-1040			
Name of Person	Area Code	Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations P.O. Box 6327		
Enclosed is a check for the following a Please make check payable to: FLORIDA S70.00 Filing Fee S78.75 File Certificat	DEPARTMENT	🕯 \$78.75 Filing Fee & 💢 🗀 \$87.50 F	ate of Status &		

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.

	ible in Florida, enter alternate corporate na	nme adopted for the purpose of transacting business in Florida)		
DELAWARE 3.		35-2614190 (FEI number, if applicable)		
	y under the law of which it is incorporated			
01/03/2018 5		(Date of duration, if other than perpetual)		
	of incorporation)	(Date of duration, if other than perpetual)		
05/04/2022				
		ess in Florida, if prior to registration) 07,1502, F.S., to determine penalty liability)		
867 BOYLSTON	STREET, 5TH FLOOR, #245, BOSTON.	, MA 02116		
	(Principal	l office <u>street</u> address)		
		(P.O. Box NOT acceptable)		
	(Current in	aning address, it differently		
Name and stree	et address of Florida registered agent:	(P.O. Box, NOT acceptable)		
	INCORPORATING SERVICES, LTD.			
Name:				
ffice Address:	1540 GLENWAY DRIVE			
	TALLAHASSEE	, Florida 32301		
		(Zip code)		

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.

DocuSign Envelope ID: 188DB69A-2FCF-4959-9B75-33E42263FA50

A. DIRECTORS				
□Chairman	VISHAL PUNWANI Name:	□ Chairman	EMMA GILES Name: Address: 867 BOYLSTON STREET, 5TH FLOOR, #245	
□Vice Chairman	Address:	□ Vice Chairman		
■ Director	867 BOYLSTON STREET, 5TH FLOOR, #245	Director		
□President	BOSTON, MA 02116	□President	BOSTON, MA 02116	
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
■ Other CEO	□Other	□Other		□Other
	KIRILL TASILOV			
□Chairman	Name:	□Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
Director	867 BOYLSTON STREET, 5TH FLOOR, #245	□Director		
□President	BOSTON, MA 02116	□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	□Secretary		☐Treasurer
□Other	☐Other	□Other	· ····	□Other
				1
□Chairman	Name:	□ Chairman		
□Vice Chairman	Address:	∏Vice Chairman	Address:	5
□Director		Director		5
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
description of a second	Use an attachment to report more than six (6). The see added to the index when filing your Florida Depart Vislad Furtion Signature of Directors	iment of State Annual R	eport form.	purposes only. Non-indexed
The officer or dire she is aware that the s.817.155, F.S.	ector signing this document (and who is listed in nun false information submitted in a document to the Dep	nber 11 above) affirms to partment of State constit	hat the facts sta utes a third deg	ted herein are true and that he or ree felony as provided for in
13. VISHAL PU	JNWANI (CEO)			

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SOPHYA 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 SECOND DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOPHYA INC." WAS INCORPORATED ON THE THIRD DAY OF JANUARY, A.D. 2018.

2022 JULY - 1 MIN 10: 11

Authentication: 203078279

Date: 04-02-22

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