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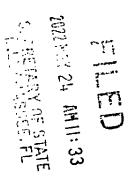
(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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05/24/22--01014--008 **70.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Rupa, Inc.	
	oration - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporati "Certificate of Existence," or "Certificate of Goo above referenced foreign corporation to transact	on for Authorization to Transact Business in Florida," od Standing" and check are submitted to register the business in Florida.
Please return all correspondence concerning this	matter to the following:
Shawna Bryson	, and the second
Na	me of Person
Harbor Compliance	
Fin	n/Company
1830 Colonial Village Ln.	
	Address
Lancaster, PA 17601	
City/s	State and Zip code
sbryson@harborcompliance.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	lease call:
Shawna Bryson at (670-8145
Name of Person Are	a 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPART!	MENT OF STATE
■ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,

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.

1.	Rupa, Inc.						
		corporation; must include "INCORPORATED forp," "Inc," "Co," or "Corp.")	," "COMPAN)	y," "CORPORATIC	ON,"	_	_
	Rupa Health, In-	c.					
((If name unavail	able in Florida, enter alternate corporate name	adopted for the	purpose of transacti	ing business i	n Floric	da)
2.	Delaware	3	371910182				
	(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)				
4.	09/20/2018	5	perpetual				
	(Date of incorporation)			(Date of duration, if other than perpetual)			
6.							
, l'	77 Townsend St	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 . Unit 528., San Francisco, CA 94107			lity)		
/			ice <u>street</u> addre	ess)			
_		(Current maili	ng address, if di	ifferent)		797	
8. 1	Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> a	acceptable)		11-41-2	,
	Name:	Registered Agents Inc.				1-	1
Off	ice Address:	7901 4th St N STE 300	 គេក្រុ			AH II: 33	Ċ
		St. Petersburg	, Florida	FLE	ည္သ		
		(City)		(Zip code)			

9. Registered agent's acceptance:

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.

Registered Agents Inc.
Bill Havre - Assistant Secretary

(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.

A. DIRECTORS							
Chairman	Tara Viswanathan Name:	□Chairman	Name: Tara Goldberg				
□Vice Chairman	Address:	□Vice Chairman	Address: 177 Townsend St.				
□Director	Unit 528	Director	Unit 528				
■ President	San Francisco, CA 94107	□President	San Francisco, CA 94107				
□Vice President		□Vice President					
Secretary	■ Treasurer	Secretary	□Treasurer				
□Other	□Other	□Other	Other				
□Chairman	Mikel Jacinto Name:	□ Chairman	Name:				
	177 Townsend St.	□Vice Chairman					
Director	Unit 528	Director					
President	San Francisco, CA 94107	President					
□Vice President		□Vice President					
☐ Secretary	☐ Treasurer	☐ Secretary	□Treasurer				
■Other Chief of S	Staff Other	□Other	Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
Other	Other	□Other	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.							
12. /s/ Mikel Jacinto							
Signature of Director or Officer							
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in							

s.817.155, F.S.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RUPA, 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 EIGHTEENTH DAY OF APRIL, 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 SAID "RUPA, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2018.

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

Authentication: 203195398

Date: 04-18-22

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