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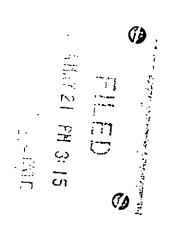
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Special Instructions	to Filing Officer			
				

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COVER LETTER

	itration Section ion of Corporal	ions		
SUBJECT:	SOPHYA INC.			
.,000	······	Name of corporation	ı - must include suffix	
Dear Sir or M	ladam:			
"Certificate o	f Existence," of	y Foreign Corporation for r "Certificate of Good Star poration to transact busine	nding" and check are sub	ct Business in Florida," mitted to register the
Please return	all corresponde	ence concerning this matte	r to the following:	
VISHAL PUN	WANI			
		Name of	Person	
SOPHYA INC				
		Firm/Cor	npany .	-
867 BOYLSTO	ON STREET, 5T	H FLOOR, #245		
		Addı	ess	-
BOSTÓN/MA	. 02116			
		City/State a	and Zip code	
vishal@sophya				
	Е	-mail address: (to be used	for future annual report i	notification)
For further in	formation conc	erning this matter, please	eall:	
VISHAL PUN	WANI	at (⁶¹⁷	319-0173	
Nam	e of Person	Area Coo	le) 319-0173 Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a Please make of □ \$70.00 Fil	heck payable to:	following amount: FLORIDA DEPARTMEN' \$78.75 Filing Fee & Certificate of Status	T OF STATE \$78.75 Filing Fee & Certified Copy	 S87.50 Filing Fee, Certificate of Status & Certified Copy

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 "INCORPORATED." orp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATIO	N."	
ble in Florida, enter alternate corporate name	adopted for the purpose of transacting	ng business in Florida)	
3	35-2614190		
under the law of which it is incorporated)	(FEI number, if applicable)		
5.	PERPETUAL		
of incorporation)	(Date of duration, if other than perpetual)		
		ity)	
(Principal offi	ce <u>street</u> address)		
(Current mailir	ng address. if different)		
t address of Florida registered agent: (P.C. INCORPORATING SERVICES, LTD. 1540 GLENWAY DRIVE TALLAHASSEE	D. Box <u>NOT</u> acceptable)	FILED 2024 MAY 21 PM 3: 1	
	(Current mailir t address of Florida registered agent: (P.C. INCORPORATING SERVICES, LTD. Is to the first transacted agent: (P.C. INCORPORATING SERVICES, LTD. IS to the first transacted agent: (P.C. INCORPORATING SERVICES, LTD. IS to the first transacted business in (SEE SECTIONS 607.1501 & 60	3. 35-2614190 (FEI number, if a grant transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability (Principal office street address) (Current mailing address, if different) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability (Principal office street address) (Current mailing address, if different) Laddress of Florida registered agent: (P.O. Box NOT acceptable) INCORPORATING SERVICES, LTD. 1540 GLENWAY DRIVE	

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.

BYTYMER Breword Asst. Secretary for Incorporating Services, Ltd. (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	Name: VISHAL PUNWANI	□Chairman	Name: EMMA GILES		
□Vice Chairman	Address:	□Vice Chairman	Address: 867 BOYLSTON STREET		
■Director	5TH FLOOR, #245	■ Director	5TH FLOOR, #245		
□President	BOSTON, MA 02116	□President	BOSTON, MA 02116		
□Vice President		□Vice President			
☐ Secretary	Treasurer	□Secretary	□Treasurer		
■Other CEO	□Other	Other	Other		
□Chairman □Vice Chairman	Name: KIRILL TASILOV 867 BOYLSTON STREET	□Chairman □Vice Chairman	Name:Address:		
■ Director	5TH FLOOR, #245	□Director			
□President	BOSTON, MA 02116	□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other	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		
individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department	it of State Annual Re	eport form.		
12.	Signature of Director or	Officer			
The officer or director signing this document (and who is listed in number 14 above) affirms that the facts stated herein are true and that he of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817,155, F.S.					

13. VISHAL PUNWANI (CEO)

(Typed or printed name and capacity of person signing application)

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 NINETEENTH DAY OF FEBRUARY, A.D. 2024.

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

Authentication: 202839399

Date: 02-19-24