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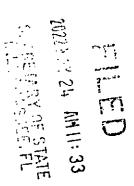
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COVER LETTER

TO:	-	tration Section ion of Corporations			
SUBJI	ECT:	Rupa, Inc.			
			e of corporation	- must include suffix	
Dear Si	ir or M	adam:			
"Certifi	icate of	"Application by Foreign (Existence," or "Certifica ced foreign corporation to	te of Good Stanc	ling" and check are sub	nct Business in Florida." comitted to register the
Please i	return a	all correspondence concer	ning this matter	to the following:	
Shawna	Brysor	1			
		, <u></u>	Name of P	erson	
Harbor (Compli	ance			
-			Firm/Comp	pany	
1830 Cc	olonial '	Village Ln.			
	-		Addres	SS	
Lancasto	er, PA i	7601			
			City/State an	d Zip code	
sbryson(@harbo	rcompliance.com		_	
		E-mail addre	ss: (to be used fo	r future annual report i	notification)
For furt	her inf	formation concerning this	matter, please ca	11:	
Shawna	Bryson		_ at (670-8145	
	Name	of Person	Area Code	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			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	ake che	theck for the following and the payable to: FLORIDA In gree S78.75 Fili Certificate	DEPARTMENT (ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	 \$87.50 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.

1.	Rupa, Inc.					
•	(Enter name of c	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "C(OMPANY," "CORPORATIO	,,NC	_
	Rupa Health, In-					
	(If name unavail	able in Florida, enter alternate corporate name	adopt	ed for the purpose of transact	ing business in Florida	.)
Delaware 2.			3719	10182		
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)			_
4.	09/20/2018		perpe	etual		
••	(Date	of incorporation)		(Date of duration, if other than perpetual)		
6.						
-		(Date first transacted business (SEE SECTIONS 607.1501 & 607.1			Tina	_
	177 Townsend St	. Unit 528., San Francisco, CA 94107	302. r	.s., to determine penalty habi	nty)	
7.,		(Principal of	ice <u>str</u>	reet address)		_
		(Current maili	ng add	ress, if different)	7077	
8.	Name and street	et address of Florida registered agent: (P.	O. Boz	x <u>NOT</u> acceptable)	21 - 24 21 - 22 - 24 21 - 23 - 24	
	Name:	Registered Agents Inc.				[]
Οi	ffice Address:	7901 4th St N STE 300			AH II: 33	C
		St. Petersburg		, Florida 33702	33 FL	
		(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 eustody 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]:

A. DIRECTORS Tara Goldberg Tara Viswanathan □ Chairman ☐ Chairman 177 Townsend St. 177 Townsend St. Address: __ □ Vice Chairman Address: ☐ Vice Chairman Unit 528 Unit 528 Director □ Director San Francisco, CA 94107 San Francisco, CA 94107 President □ President ☐ Vice President ☐ Vice President **■**Treasurer ☐ Secretary ☐ Treasurer **■**Secretary □Other _____ □Other _____ □Other _____ □Other ___ Mikel Jacinto □ Chairman □ Chairman Name: _____ Name: 177 Townsend St. Address: ____ Address: □Vice Chairman □Vice Chairman Unit 528 Director □Director San Francisco, CA 94107 □President □ President ☐ Vice President ☐ Vice President ☐ Treasurer ☐ Treasurer ☐ Secretary □ Secretary Chief of Staff □Other □ Other _____ □Other ____ Name: ☐ Chairman Name: _____ □ Chairman □Vice Chairman Address: □Vice Chairman Address: □ Director ☐ Director □President ☐ President □ Vice President _____ □ Vice President □ Treasurer ☐ Secretary □Treasurer ☐ Secretary 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. /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.

, Mikel Jacinto - Chief of Staff

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.

A SOLITION OF THE PARTY OF THE

Authentication: 203195398

Jeffrey W. Buflock, Secretary of State

Date: 04-18-22