State of Rhode Island and Providence Plantations Department of State - Business Services Divis	ion
cate of Authority SN Corporation	

-> Filing Fee: \$310,00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405	, the undersigned foreign corporation hereby
applies for a Certificate of Authority to transact	
for that nursues exhaute the following statums	

a					
ode Island is:					
fincorporation does not contain of, then list the name of the corp	the word "corporation", "company", oration with the addition of one of the				
sland, then set forth below the fi de Island as stated in the "Fictit	ctitious name under which the lous Business Name Statement' to be				
E BOX					
Date certain for dissolution					
5. The address of its principal office is:					
200 PARK AVE SOUTH, 8 FLOOR, NEW YORK, NY 10003					
6, The name and address of the initial registered agent/office of in Rhode Island:					
Agent Name Corporation Service Company					
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, Suite 200					
State RHODE ISLAND	Zip Code 02888				
	ode Island is: Incorporation does not contain of, then list the name of the corp sland, then set forth below the fi de Island as stated in the "Fictit E BOX Y 10003 ent/office of in Rhode Island:				

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUL 1 4 2016

BY ou 279048

12:10

			·				
7. The purpose or purp	7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					•	
ACTING SERVICES							
AOTINO CENTICEO					÷		
	•	•					
8, (a) The names and re			rectors (o	ptional, uniess di	rectors are requi	red under the laws	of the
NAME	state or country of which it is incorporated): NAME ADDRESS						
	``						
JENNY SLATE		200 PARK AVE SOUTH, 8 FLOOR, NEW YORK, NY 10003					
		·					
,				•			
		<u></u>			Check the box to	indicate an attach	ment.
8. (b) The names and re	espective addre	esses of its pr	incipal off				
of the state or country o			<u>, </u>				
OFFICE	NAME			ADDRESS			
PRESIDENT	JENNY SLATE		200 PARK AVE SOUTH, 8 FL, NEW YORK, NY 10003			0003	
VICE PRESIDENT							
TREASURER							
SECRETARY					, , -		
•	<u> </u>				Check the box to	indicate an attach	ment.
9. The aggregate number	er of shares wh	ich it has aut	pority to is				
par value, and series, if				ous, nonness sy	0.2220, p.2. va		
NUMBER OF SHARES	CLAS			SERIES	PAR VALU	E OR STATE NO PAR	/ALUE
200 SHARES	COMMON				NO PAR VA	LUE	
				i	<u> </u>		
			·				
						• • •	,
						,	
							`
10 (c) Estimate in doi	lare the value	of all property	to be	h) Estimate in de	nliars the value o	of the corporation's	property
10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever to be located within Rhode Island during the following year:							
located:				\$ O			
4				· •			
(c) Estimate, as a perce	entage, the pro	portion that th	ne estimat	ed value of the p	roperty of the co	rporation to be loca	ted
within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.						e j	
following year, wherever	r located. Note:	Divide (10b)	by (10a)	and multiply by 10	00 to obtain the p	oercentage.	
0 %				•	•		i
	:						i

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.					
\$_65,000	\$					
(c) Estimate, as a percentage, the proportion of the gross a from places of business in Rhode Island during the following transacted by the corporation during the following year. Note centage.	year compared to the gross a	mount thereof which will be				
100 %						
12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the tiling of this document.						
13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX						
✓ Date received (Upon filing) ☐ Later effective date (Date must be no more than 90 day	s from the day of filing)					
Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.						
Type or Print Name of Authorized Officer Date						
JENNY SLATE		07/08/2016				
Signature of Authorized Officer of the Corporation SIGN DOCUMENT HERE						

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

HUMAN WOMAN, INC.

FILE NUMBER:

C3497840

FORMATION DATE:

08/15/2012

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 07, 2016.

ALEX PADILLA Secretary of State