RI SOS Filing Number: 202195010680 Date: 3/26/2021 3:17:00 PM

DocuSign Envelope ID: 6D28F6F0-805A-458C-8CE0-43DB94619322



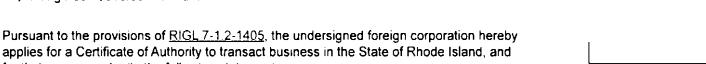
State of Rhode Island

## **Department of State - Business Services Division**

## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum



The name of the corporation is:     Theatro Labs, Inc						
Theatro Labs, Inc						
2. It is incorporated under the laws of:  Delaware						
3. The name, if different, which it elects to use in Rhode Island is:						
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation". "co "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of above corporate endings for use in Rhode Island:						
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:						
4. The date of its incorporation is: March 29, 2012						
And the period of its duration is: CHECK ONE BOX ONLY						
Perpetual (on-going)						
Date certain for dissolution						
5. The address of its principal office is:						
307 Hilltop Ave, Richardson, TX 75081						
6. The name and address of the initial registered agent/office in Rhode Island:						
Agent Name Incorporating Services, Ltd.						
Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Suite 200						
City/Town Warwick State RHODE ISLAND Zip Code 02888						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 3:14

FILED

MAR 2 6 2021

FORM 150 - Revised - 08/2020

- <del>-</del>	1 2 1 74			41		
7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  A sales representative lives in Rhode Island and will be making sales calls out of his home.						
A sales represntative lives i	n Rhode Island	and will be making sale	es calls out of his h	ome.		
8 (a) The names and re	enactiva addr	seese of its directors	(antional unless	directors are required under the laws of the		
state or country of which			(optional, unicss	unectors are required under the laws of the		
NAME		ADDRESS				
Dean Nelson		55 Railroad Avenue, Greenwich, CT 06830				
John Jaggers		6223 Deloache, Dallas, TX 75220				
Antal Desai		2000 McKinney Ave, Dallas, TX 75201				
Amai Desat						
John Spiliotis		16221 Hollyrdige Dr. Parker, CO 80134				
				Check the box to indicate an attachment		
			officers (mandate	ory if directors are not required under the laws		
of the state or country of OFFICE	rwnich it is ind	orporated): NAMÉ		ADDRESS		
PRESIDENT						
	Chris Todd		3400 Howell S	3400 Howell St #602, Dallas, TX 75204		
VICE PRESIDENT						
TREASURER						
	William McNamara		6167 Vanderbilt Ave, Dallas, TX 75214			
SECRETARY	Judy O'Brien		1652 Bay Laurel Dr, Menlo Park, CA 94024			
		Check the box to indicate an attachment				
<ol><li>The aggregate number par value, and series, if</li></ol>			o issue; itemized	by classes, par value of shares, shares without		
NUMBER OF SHARES	CLAS	SS	SERIES	PAR VALUE OR STATE NO PAR VALUE		
104,500,000	Common	NA		.0001		
23,088,830	Preferred A			.0001		
31,829,344	Preferred B			.0001		
13,897,988	Preferred	С		.0001		
10 An estimate as a ne	ercentage of	the proportion that the	e estimated valu	e of the property of the corporation to be		
•	during the follo	owing year bears to the	he value of all pr	operty of the corporation to be owned during		
0				,		
<u> </u>						
11. An estimate, as a p	ercentage, of	the proportion of the	gross amount of	business to be transacted by the corporation		
				pared to the gross amount thereof which will be		
·	ration during ti	ne rollowing year. (/vo	ne: Percentage (	obtained from worksheet.)		
0.04 %						

DocuSign Envelope ID: 6D28F6F0-805A-458C-8CE0-43DB94619322

12. This application must be accompanied by a <u>Certificate of Good Standard</u> formation dated within 60 days of the date of this filing.	tanding/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK O	NE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the	e date of filing)
Under penalty of perjury, I declare and affirm that I have examined the accompanying attachments, and that all statements contained herein	· · · · · · · · · · · · · · · · · · ·
Type or Print Name of Authorized Officer	Date
William McNamara	March 26, 2021   12:05 (
Signature of Authorized, Officer of the Corporation	<del></del>
William McNamara	



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

DELAWARE, DO HEREBY CERTIFY THAT "THEATRO LABS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-NINTH DAY OF MARCH, A.D. 2012, AT 7:16 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE SIXTH DAY OF FEBRUARY, A.D. 2013, AT 6:15 O'CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE SIXTH DAY OF MAY, A.D. 2013,
AT 2:48 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SEVENTH DAY OF AUGUST, A.D. 2014, AT 5:47 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FIFTH DAY OF OCTOBER, A.D. 2016, AT 4:54 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SIXTEENTH DAY OF FEBRUARY, A.D. 2017, AT 1:57 O'CLOCK P.M.

5132396 8310 SR# 20210399686 THY'S O

Authentication: 202480963

Date: 02-10-21



RESTATED CERTIFICATE, FILED THE TWENTY-FIFTH DAY OF OCTOBER,
A.D. 2017, AT 11:36 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE FOURTH DAY OF SEPTEMBER,

A.D. 2018, AT 12:09 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-THIRD DAY OF APRIL, A.D. 2019, AT 5:44 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-FOURTH DAY OF MAY, A.D. 2019, AT 2:01 O'CLOCK P.M.

CERTIFICATE OF VALIDATION, FILED THE TWELFTH DAY OF NOVEMBER,

A.D. 2019, AT 5:40 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SECOND DAY OF DECEMBER, A.D. 2019, AT 11:02 O'CLOCK A.M.

RESTATED CERTIFICATE, FILED THE TWENTY-FIFTH DAY OF JANUARY,
A.D. 2021, AT 3:47 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, 'THEATRO LABS, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

5132396 8310

SR# 20210399686

J Authentication: 202480963

Date: 02-10-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

Page 3



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

5132396 8310 SR# 20210399686

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of Siste

Authentication: 202480963

Date: 02-10-21

RI SOS Filing Number: 202195010680 Date: 3/26/2021 3:17:00 PM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

March 26, 2021 03:17 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

