

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", "company" incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one 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 filed with this application: 4. The date of its incorporation is: 2/13/2013 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: 40 Water Street, Boston MA. 02109 6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Corporation Service Company Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200	HOPE		•
1. The name of the corporation is: 10% Happier, Inc. 2. It is incorporated under the laws of: 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", "company" "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one 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" the filed with this application: 4. The date of its incorporation is: 2/13/2013 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: 40 Water Street, Boston MA. 02109 6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Corporation Service Company Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200	OREIGN Business Corporation → Filing Fee: \$310.00 minimum ursuant to the provisions of RIGL 7-1.2-1405, the unde pplies for a Certificate of Authority to transact business or that purpose submits the following statement:	ersigned foreign corporation here	by VCS DIST
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", "company" "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one 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 filed with this application: 4. The date of its incorporation is: 2/13/2013 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: 40 Water Street, Boston MA. 02109 6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Corporation Service Company Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200			_ M I
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Agent Name Corporation Service Company Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200	40 Water Street, Boston MA. 02109		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200	6. The name and address of the initial registered age	ent/office in Rhode Island:	
Zin Code	Agent Name Corporation Service Company		
State Zip Code 02888	Street Address (NOT a P.O. Box) 222 Jefferson Bou	levard, Suite 200	
Warwick RHODE ISLAND	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 FILEDTAMP

FORM 150 - Revised: 12/2017

(a) The names and res	spective address	ses of its di	rectors (opti	onal, unless direc	ctors are required under the laws of the	
ate or country of which	ADDRESS ADDRESS					
en Rubin	1 Nashua Street, Apt 36			605 Boston MA. 0	2114	
en Rubin Dan Harris	46 Old Roaring Brook F					
So Shao			0 Court street, San Rafael CA. 94901			
					9 Lincoln Street, #404 Boston MA. 02111	
			Check the box to indicate an attachment			
2 (L) The residence and so	enective addres	sses of its r	orincipal offic	ers (mandatory i	f directors are not required under the laws	
8. (b) The names and re of the state or country o	of which it is inco	rporated):	· 			
OFFICE		NAME		ADDRESS		
PRESIDENT	Ben Rubin	en Rubin		1 Nashua Street, Apt 3605 Boston MA. 02114		
VICE PRESIDENT						
TREASURER						
SECRETARY						
					Check the box to indicate an attachment	
9. The aggregate number	ber of shares wh	nich it has a	authority to i	ssue; itemized by	classes, par value of shares, shares withou	
par value, and series,	CLAS	SS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
NUMBER OF SHARES	Common				\$0.00001	
19,614,539			Cond		\$0.00001	
1,543,451	Preferred				\$0.00001	
5,362,063	Preferred	ed Seed-2				
2,747,102	Preferred				\$0.00001	
located within this sta the following year, wh	nerever located.	(Note: Per	centage obta	ained from works	of the property of the corporation to be perty of the corporation to be owned during theet.) Dusiness to be transacted by the corporation the gross amount thereof which will be be trained from worksheet.)	

to and the start of the start o	f Status from the state or country of
12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Good Standing/Le</u>	
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the date of filing)	to the the including any
Under penalty of perjury, I declare and affirm that I have examined this Application for accompanying attachments, and that all statements contained herein are true and contained herein are true are true and are true are true and are true are	or Certificate of Authority, including any orrect.
Type or Print Name of Authorized Officer	Date
Ben Rubin	07/12/21
Signature of Authorized Officer of the Corporation	
Ben Robin Jul 12, 2021 18:56 EDT) THERE	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "10% HAPPIER, 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 FIRST DAY OF JULY, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "10% HAPPIER, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2013.

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

Authentication: 203585406

Date: 07-01-21

5280753 8300

SR# 20212610060

RI SOS Filing Number: 202199356090 Date: 7/16/2021 12:01:00 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:

July 16, 2021 12:01 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

