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R.I. DEPT. OF STA BUS SVCS DIV	TE	RUL GRUDER TROP STATE
Department of State - Business Se 2022 JUL 29 AM 9:	rvices Division 22	22 2022 July 29 917 9:22
Application for Certificate of Author FOREIGN Business Corporation	ity	
-> Filing Fee: \$310.00 minimum		
Pursuant to the provisions of <u>RIGL 7-1.2-1405</u> , the ur applies for a Certificate of Authority to transact busine for that purpose submits the following statement:	dersigned foreign corporations in the State of Rhode Isla	on hereby and, and
1. The name of the corporation is:		
Soda Digital Recruitment, Inc.		į
2. It is incorporated under the laws of: Delawar	Ð	
3. The name, if different, which it elects to use in Rhe	ode Island is:	
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thereo above corporate endings for use in Rhode Island:	incorporation does not cont f, then list the name of the c	ain the word "corporation", "company", orporation with the addition of one of the
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rhod filed with this application:	land, then set forth below th le Island as stated in the "Fi	e fictitious name under which the clitious Business Name Statement' to be
4. The date of its incorporation is: March 29, 2	019	
And the period of its duration is: CHECK ONE BOX	ONLY	
Date certain for dissolution		
5. The address of its principal office is: 1240 Rosportans Avenue, Sto. #120, Manhad		
1240 Rosecrans Avenue, Ste. #120, Manhat		
6. The name and address of the initial registered age	nVoffice in Rhode Island:	
Agent Name CT Corporation System		
Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Me	emorial Parkway Suite	7A
	State RHODE ISLAND	Zip Code 02914
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Nebsite:www.sos.n.gov	9:22 JI	FILED IL 892022 hGDH97
	tr f	FORM 150 - Revised: 12/2021

state or country of whi	respective addresses of it	ts directors (optional, unless directors are required under the laws of the		
NAME	······································	ADDRESS		
None applicable.				
·····				
		Check the box to indicate an attachment		
or the state of country	respective addresses of its of which it is incorporated)	s principal officers (mandatory if directors are not required under the laws ):		
OFFICE	NAME	ADDRESS		
PRESIDENT	Ashley Lawrence	1240 Rosecrans Ave, Suite #120, Manhattan Bead		
VICE PRESIDENT		· · · · · · · · · · · · · · · · · · ·		
TREASURER	DJ Marker	1240 Rosecrans Ave, Suite #120, Manhattan Beac		
SECRETARY	David Young	1240 Rosecrans Ave, Suite #120, Manhattan Beac		
		Check the box to indicate an attachment		
). The aggregate numb par value, and series, it	er of shares which it has a any, within a class, is:	authority to issue; itemized by classes, par value of shares, shares without		
). The aggregate numb ar value, and series, it NUMBER OF SHARES	eer of shares which it has a any, within a class, is: CLASS	authority to issue; itemized by classes, par value of shares, shares without SERIES PAR VALUE OR STATE NO PAR VALUE		
al value, allu serius, il	any, within a class, is:	authority to issue; itemized by classes, par value of shares, shares without		
al value, allu serius, li	any, within a class, is:	authority to issue; itemized by classes, par value of shares, shares without		
al value, allu serius, li	any, within a class, is:	authority to issue; itemized by classes, par value of shares, shares without		
al value, allu serius, li	any, within a class, is:	authority to issue; itemized by classes, par value of shares, shares without		
NUMBER OF SHARES	CLASS	authority to issue; itemized by classes, par value of shares, shares without          SERIES       PAR VALUE OR STATE NO PAR VALUE		
NUMBER OF SHARES	CLASS	authority to issue; itemized by classes, par value of shares, shares without          SERIES       PAR VALUE OR STATE NO PAR VALUE		
0. An estimate, as a p cated within this state be following year, wher 0	ercentage, of the proporti during the following year ever located. (Note: Perce	authority to issue; itemized by classes, par value of shares, shares without          SERIES       PAR VALUE OR STATE NO PAR VALUE		
NUMBER OF SHARES NATIONAL STREET NATIONAL STRE	ercentage, of the proporti during the following year ever located. (Note: Perce	authority to issue; itemized by classes, par value of shares, shares without          SERIES       PAR VALUE OR STATE NO PAR VALUE		
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NUMBER OF SHARES NA 1500 0. An estimate, as a p cated within this state be following year, wher 0 % 1. An estimate, as a p t or from places of bus	ercentage, of the proporti during the following year ever located. (Note: Perce	authority to issue; itemized by classes, par value of shares, shares without          SERIES       PAR VALUE OR STATE NO PAR VALUE		

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<ol> <li>This application must be accompanied by a <u>Certificate of Good Sta</u> formation dated within 60 days of the date of this filing.</li> </ol>	ndino/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK ON	E BOX ONLY
Date received (Upon filing) Later effective date (Date must be no more than 90 days from the	date of filing)
Under penalty of perjury, I declare and affirm that I have examined this accompanying attachments, and that all statements contained herein a	Application for Certificate of Authority, including any
Type or Print Name of Authorized Officer Ashley Lawrence	
Signature of Authorized Officer of the Corporation	

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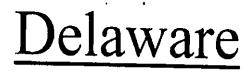
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SODA DIGITAL RECRUITMENT, 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 FOURTH DAY OF MAY, A.D. 2022.



Authentication: 203340819 Date: 05-04-22

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

State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

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 29, 2022 09:22 AM

Tulli U. Sola

Nellie M. Gorbea Secretary of State

