

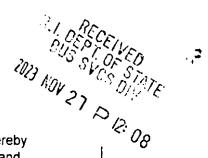
State of Rhode Island and Providence Plantations

## Department of State - Business' Services Division

## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum



Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and Sufor that purpose submits the following statement:

1. The name of the corporation is:		· · · · · · · · · · · · · · · · · · ·			
Graphite Solutions, Inc.					
2. It is incorporated under the laws of: Delaware					
3. The name, if different, which it elects to use in Rh	node Island is:				
(a) If the name of the corporation in its jurisdiction o "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:					
<ul> <li>(b) If the corporate name is not available in Rhode I corporation will qualify and transact business in Rho filed with this application:</li> </ul>	Island, then set forth below the fi ode Island as stated in the "Fictit	ctitious name under which the ious Business Name Statement" to be			
4. The date of its incorporation is: 04/05/2013					
And the period of its duration is: CHECK ONE BOX  Perpetual (on-going)	X ONLY				
Date certain for dissolution					
5. The address of its principal office is:					
95 3rd Street, 2nd Floor, San Francisco, Californ	nia 94103	, <b>~</b>			
6. The name and address of the initial registered ag	gent/office in Rhode Island:				
Agent Name Registered Agent Solutions, Inc.					
Street Address (NOT a P.O. Box) 222 Jefferson Blv	vd. Suite 200				
City/Town Warwick	State RHODE ISLAND	Zip Code <b>02888</b>			
MAIL TO:		FILED			

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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

	oses which it pr	oposes to pursue i	n the transaction of bu	siness in Rhode Island are:	
Staffing services.					
<b>)</b>					
8. (a) The names and of state or country of which			rs (optional, unless dire	ectors are required under the law	s of the
NAME	ADDRESS				
Vikram Ashok	8293 Skyline Circle, Oakland, CA 9460		05		
Jason Gordon		493 Haight Street, Apt 304, San Francisco, CA 94117		isco, CA 94117	
·					
! 					
(h) The sames and	rosportivo addre	acce of its asimalar		Check the box to indicate an attack	
of the state or country			al officers (mandatory i	f directors are not required under	the laws
OFFICE		NAME		ADDRESS	
PRESIDENT	Vikram Asho	k	8293 Skyline Ci	rcle, Oakland, CA 94605	
VICE PRESIDENT	Jason Gordo	on .	493 Haight Stre	et, Apt 304, San Francisco, CA	94117
TREASURER					
SECRETARY					
			I	Check the box to indicate an atta	chment
O. The aggregate sum			to issue; itemized by	classes, par value of shares, sha	res withou
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par value, and series, in NUMBER OF SHARES  12,000,000  10. An estimate, as a plocated within this state	CLAS  COMMON  percentage, of the during the following the	he proportion that to	Common  the estimated value of the value of all proper	the property of the corporation to	o be
par value, and series, in NUMBER OF SHARES 12,000,000	CLAS  COMMON  percentage, of the during the following the	he proportion that to	Common  the estimated value of the value of all proper	the property of the corporation to	b be

12. This application must be accompanied by a <u>Certificate of Germation dated</u> within 60 days of the date of this filing.	sood Standing/Letter of Status from the state of country of
13. Date when the Certificate of Authority will be effective: CHI	ECK ONE BOX ONLY
Date received (Upon filing)  Later effective date (Date must be no more than 90 days to Under penalty of perjury, I declare and affirm that I have example accompanying attachments, and that all statements contained	ined this Application for Certificate of Authority, including any
Type or Print Name of Authorized Officer	Date
Vikram Ashok	11/10/2023
Signature of Authorized Officer of the Corporation — Docusigned by:	

DocuSign Envelope ID: 03F1B431-FD40-416F-9FF6-BCAD3EF581B1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GRAPHITE SOLUTIONS, 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 TWENTY-SECOND DAY OF NOVEMBER, A.D.

2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRAPHITE SOLUTIONS, INC." WAS INCORPORATED ON THE FIFTH DAY OF APRIL, A.D. 2013.

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

Authentication: 204653082

Date: 11-22-23

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SR# 20234042531

RI SOS Filing Number: 202342941160 Date: 11/27/2023 12:08:00 PM



I, GREGG M. AMORE, 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:

November 27, 2023 12:08 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

