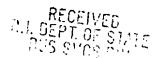


Application for Certificate of Authority

FOREIGN Business Corporation

-> Filing Fee: \$310.00 minimum



2023 BEC 12 P 2: 03

Pursuant to the provisions of <u>RIGL 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 for that purpose submits the following statement:

1. The name of the corporation is: THERAEX REHAB SERVICES, INC.	ı			
2. It is incorporated under the laws of: CALIFOR	NIA			
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 "incorporated", or "limited," or an abbreviation therecabove corporate endings for use in Rhode Island:				
(b) If the corporate name is not available in Rhode Is corporation will qualify and transact business in Rho filed with this application:				
4. The date of its incorporation is: 10/01/2009		· · · · · · · · · · · · · · · · · · ·		
And the period of its duration is: CHECK ONE BOX ✓ Perpetual (on-going)	ONLY	· · · · · · · · · · · · · · · · · · ·		
Date certain for dissolution				
5. The address of its principal office is: 1320 WILLOW PASS ROAD, 6TH FLOOR CONCOR	D, CA 94520			
6. The name and address of the initial registered agent/office in Rhode Island:				
Agent Name C T Corporation System				
Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memo	orial Parkway, Suite 7A			
City/Town East Providence	State RHODE ISLAND	Zip Code 02914		
	<u></u>			

MAIL TO:

Division of Business Services

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

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

DEC 12 2023 BY 16355

7. The purpose or purp	poses which it p	roposes to pursu	ue in the transaction	of business in Rhode Island are:	
HEALTHCARE STAFFI	NG				
8. (a) The names and state or country of whi	respective addr	esses of its direc	ctors (optional, unles	s directors are required under the laws of the	
NAME		1	· · · · · · · · · · · · · · · · · · ·	ADDRESS	
REY DAVID RIVERA			LANI STREET #49-2		
		KAPOLEI, HI 967	707		
		ļ	·	·	
		ļ <u> </u>			
				Check the box to indicate an attachment	
of the state or country	respective addr of which it is inc	esses of its princ corporated):	cipal officers (manda	tory if directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT	REY DAVID RIVERA			92-1168 OLANI STREET #49-2 KAPOLEI, HI 96707	
VICE PRESIDENT	REY DAVID RIVERA			92-1168 OLANI STREET #49-2 KAPOLEI, HI 96707	
TREASURER	REY DAVID RIVERA			92-1168 OLANI STREET #49-2 KAPOLEI, HI 96707	
SECRETARY	REY DAVID RIVERA		92-1168 OLAI KAPOLEI, HI	NI STREET #49-2 196707	
				Check the box to indicate an attachment	
The aggregate numi par value, and series, i	ber of shares wi if any, within a c	hich it has author class, is:	rity to issue; itemize	d by classes, par value of shares, shares without	
NUMBER OF SHARES	CLAS	SS	SERIES	PAR VALUE OR STATE NO PAR VALUE	
10,000,000	COMMON			\$0.00001	
<u> </u>	-		···		
					
located within this state	e during the follo	owing year bears	to the value of all p	ue of the property of the corporation to be property of the corporation to be owned during	
the following year, whe	arever located. (Note: Percentag	e obtained from wor	ksheet.)	
9	%				
at or from places of but transacted by the corpo	isiness in Rhode	e Island during th	e following year con	of business to be transacted by the corporation in a spared to the gross amount thereof which will be obtained from worksheet.)	
100%	%				

12. This application must be accompanied by a <u>Certificate of G</u> formation dated within 60 days of the date of this filing.	ood Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHE	CK ONE BOX ONLY
X Date received (Upon filing)	
Later effective date (Date must be no more than 90 days fr	rom the date of filing)
14. Under penalty of perjury, I declare and affirm that I have exa any accompanying attachments, and that all statements contain	amined this Application for Certificate of Authority, including ned herein are true and correct.
Type or Print Name of Authorized Officer REY DAVID RIVERA	Date 12/11/2023
Signature of Authorized Officer of the Corporation	



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:

THERAEX REHAB SERVICES, INC.

Entity No.:

3113470

Registration Date: 10/01/2009

Entity Type:

Stock Corporation - CA - General

Formed In:

CALIFORNIA

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 December 08, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 164699534

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.