		State of Rhode Isl Office of the Secretary	Fee: \$310.0		
		Division Of Business S			
		148 W. River Stre			
	1636	Providence RI 02904-			
	030	(401) 222-3040			
A	oreign Corporation Application for Certificate of Authori Section 7-1.2-1405 of the General Laws of				
		SECTION I			
	The name of the corporation is \underline{DEPLAB}	<u>S, INC.</u>			
	It is incorporated under the laws of State:	SECTION II CA Country: <u>USA</u>			
	This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing <u>08/19/2024</u>				
		SECTION III			
	The name, if different, which it elects to use in Rhode Island: (a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR (b) if the corporation proposes to qualify and transact business under a different name, list that name:				
	Note: If option (b) is elected, a Fictitious	Business Name Statement (FORM 624A)) is required to be	e filed with this applice	ation
	The date of its incorporation is <u>3/30/2004</u>	SECTION IV			
	and the period of its duration is <u>X</u> Perp	etual			
		SECTION V			
	The location of its principal office is				
	No. and Street: 2121 NORTH CALL	FORNIA BLVD., SUITE 290			
	City or Town: <u>WALNUT CREEK</u>	TORMA BEVD., SOITE 270	State: CA	Zip: <u>94596-7351</u>	Country: <u>USA</u>
	The address of its proposed registered offi No. and Street: 47 WOOI	SECTION VI ce in Rhode Island is <u>D AVE STE 2</u>			
	City or Town: BARRIN		tate: RI		Zip: <u>02806</u>
	and the name of its proposed registered a	gent in Rhode Island at that address is ${f R}$	HODE ISLAND	REGISTERED AGE	<u>ENT LLC</u>
		SECTION VII			
	The purpose or purposes which it proposes	-			
	<u>PROVIDE CUSTOM SOFTWARE DEV</u> ISLAND BUSINESSES. DEPLABS DO				
	EMPLOYEES OR SUBCONTRACTOR		<u>ZATIONS NOR 2</u>		
	(a) The names and respective addresses o incorporated).	SECTION VIII of its directors (optional unless directors a	re required under	the laws of the state o	r country of which it is
	Title	Individual Name First, Middle, Last, Suffix	Addr	Address ess, City or Town, State, Zip Co	ode, Country
	PRESIDENT	SERGII OSTAPENKO	1	2121 N CALIFORNIA BLVD, S /ALNUT CREEK, CA 94596-73	

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SERGII OSTAPENKO	2121 N CALIFORNIA BLVD, SUITE 290 WALNUT CREEK, CA 94596-7351 USA

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

0	Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Num of Shares	
CWP			\$0.0010	10,000.00	
1					

Signed this 19 Day of August, 2024 at 12:07:53 PM by the officers(s). This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.

By SERGII OSTAPENKO

Signature of Authorized Officer of the Corporation

Form No. 150 Revised 09/07

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Secretary of State Certificate of Status

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

Entity Name:	DEPLABS, INC.
Entity No.:	2439876
Registration Date:	03/30/2004
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 August 15, 2024.

SHIRLEY N. WEBER, PH.D. Secretary of State

Certificate No.: 238271837

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

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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:

August 19, 2024 12:01 PM

Treng M. Course

Gregg M. Amore Secretary of State

