



State of Rhode Island
Office of the Secretary of State

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Corporation
Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is SonderMind, P.A.

SECTION II

It is incorporated under the laws of State: KS Country: USA

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

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:*

SonderMind Professional Corporation

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 12/16/2021

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 1099 18TH STREET, SUITE 2350

City or Town: DENVER

State: CO

Zip: 80202

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 450 VETERANS MEMORIAL PARKWAY

SUITE 7A

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

and the name of its proposed registered agent in Rhode Island at that address is C T CORPORATION SYSTEM

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

ANY LAWFUL PURPOSE, DIGITAL HEALTH SERVICES CONNECTING CLIENTS WITH THERAPISTS FOR TELEHEALTH AND IN-PERSON COUNSELING SERVICES.

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are 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
SECRETARY	CARMEN FELDMAN	1099 18TH STREET, SUITE 2350 DENVER, CO 80202 USA
SECRETARY	CARMEN FELDMAN	1099 18TH STREET, SUITE 2350 DENVER, CO 80202 USA
SECRETARY	CARMEN FELDMAN	1099 18TH STREET, SUITE 2350 DENVER, CO 80202 USA
SECRETARY	CARMEN FELDMAN	1099 18TH STREET, SUITE 2350 DENVER, CO 80202 USA

(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
SECRETARY	CARMEN FELDMAN	1099 18TH STREET, SUITE 2350 DENVER, CO 80202 USA
SECRETARY	CARMEN FELDMAN	1099 18TH STREET, SUITE 2350 DENVER, CO 80202 USA
SECRETARY	CARMEN FELDMAN	1099 18TH STREET, SUITE 2350 DENVER, CO 80202 USA
SECRETARY	CARMEN FELDMAN	1099 18TH STREET, SUITE 2350 DENVER, CO 80202 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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>
CWP		\$0.0001	89,617,000.00
PWP		\$0.0001	60,950,848.00

Signed this 5 Day of September, 2024 at 1:54:43 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 CARMEN FELDMAN
Signature of Authorized Officer of the Corporation

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE
CERTIFICATE OF GOOD STANDING

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

Business ID: 2002906

Business Name: SONDERMIND, P.A.

Type: Professional Association

Jurisdiction: Kansas

was filed in this office on December 16, 2021, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof:
I affix my official certification seal.
Done at the City of Topeka,
on this day July 17, 2024.

A handwritten signature in cursive script that reads "Scott Schwab".

SCOTT SCHWAB
KANSAS SECRETARY OF STATE

Certification Number: 854789-20240717 To verify the validity of this certificate please visit
<https://www.sos.ks.gov/eforms/BusinessEntity/CertifiedValidationSearch.aspx> and enter certificate number.