



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 Codeforce Healthcare Inc

SECTION II

It is incorporated under the laws of State: GA 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:*

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 5/17/2018

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 3970 OLD MILTON PARKWAY, SUITE #200

City or Town: ALPHARETTA

State: GA Zip: 30005 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE SUITE 2

City or Town: BARRINGTON

State: RI

Zip: 02806

and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS INC

SECTION VII

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

TO EXPAND OUR BUSINESS OPPORTUNITIES IN STATE OF RHODE ISLAND

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
CEO	LAKSHMI PRIYA KANDULA	3970 OLD MILTON PARKWAY, SUITE #200 ALPHARETTA, GA 30005 USA
CEO	LAKSHMI PRIYA KANDULA	3970 OLD MILTON PARKWAY, SUITE #200 ALPHARETTA, GA 30005 USA
CEO	LAKSHMI PRIYA KANDULA	3970 OLD MILTON PARKWAY, SUITE #200 ALPHARETTA, GA 30005 USA
CEO	LAKSHMI PRIYA KANDULA	3970 OLD MILTON PARKWAY, SUITE #200 ALPHARETTA, GA 30005 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
CEO	LAKSHMI PRIYA KANDULA	3970 OLD MILTON PARKWAY, SUITE #200 ALPHARETTA, GA 30005 USA
CEO	LAKSHMI PRIYA KANDULA	3970 OLD MILTON PARKWAY, SUITE #200 ALPHARETTA, GA 30005 USA
CEO	LAKSHMI PRIYA KANDULA	3970 OLD MILTON PARKWAY, SUITE #200 ALPHARETTA, GA 30005 USA
CEO	LAKSHMI PRIYA KANDULA	3970 OLD MILTON PARKWAY, SUITE #200 ALPHARETTA, GA 30005 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	\$1.0000	100.00

Signed this 15 Day of October, 2024 at 10:53:07 AM 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 PAYAL CHHABRIA
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

STATE OF GEORGIA
Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

CodeForce Healthcare Inc.
a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 28164308
Date Inc/Auth/Filed: 05/17/2018
Jurisdiction : Georgia
Print Date : 10/14/2024
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State