



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 RxFunction, Inc.

SECTION II

It is incorporated under the laws of State: MN 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 5/17/2010

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 6509 FLYING CLOUD DR STE 140

City or Town: EDEN PRAIRIE State: MN Zip: 55344 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:

SALES OF THE WALKASINS, A PRESCRIPTION WEARABLE SENSORY LOWER LIMB PROSTHESIS.

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/CFO	MARY ANDERSON	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 USA
COO	JOSEPH SCHAUER	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 USA
CTO	LARS ODDSSON	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 USA
DIRECTOR	RICHARD OFFERDAHL	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 USA
DIRECTOR	RICHARD NIGON	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 USA
DIRECTOR	ROBERT RINEK	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 USA
DIRECTOR	KEVIN ROCHE	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 USA
DIRECTOR	MARY ANDERSON	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 USA
DIRECTOR	LARS ODDSSON	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 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/CFO	MARY ANDERSON	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 USA
COO	JOSEPH SCHAUER	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 USA
CTO	LARS ODDSSON	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 USA
DIRECTOR	RICHARD OFFERDAHL	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 USA
DIRECTOR	RICHARD NIGON	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 USA
DIRECTOR	ROBERT RINEK	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 USA
DIRECTOR	KEVIN ROCHE	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 USA
DIRECTOR	MARY ANDERSON	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 USA
DIRECTOR	LARS ODDSSON	6509 FLYING CLOUD DR STE 140 EDEN PRAIRIE, MN 55344 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	Par Value Per	Total Authorized Shares <i>Num. of Shares</i>
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	Stock	Share		
CWP			\$0.0100	160,000,000.00

Signed this 1 Day of November, 2024 at 3:42:54 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 MARY E. ANDERSON
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	RxFunction, Inc.
Date Filed:	05/17/2010
File Number:	3843734-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on:	10/31/2024
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A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota



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:

November 01, 2024 03:39 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

