State of Rhode Island
Office of the Secretary of State

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

Fee: $310.00

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 HYPERLABS, INC.

SECTION II

It is incorporated under the laws of State: OR Country: US

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 5/28/1992

and the period of its duration is **X** Perpetual ___

SECTION V

The location of its principal office is

No. and Street: 315 W SOUTH BOULDER RD.
STE. 110
City or Town: LOUISVILLE State: CO Zip: 80027 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is
No. and Street: 10 ACACIA RD
City or Town: BRISTOL State: RI Zip: 02809

and the name of its proposed registered agent in Rhode Island at that address is JOSEPH KOEBEL

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
SALES AND MARKETING SERVICES FOR THE COMPANY, WHICH MANUFACTURES

ELECTRONICS
COMPONENTS OUTSIDE 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
PRESIDENT	AGOSTON AGOSTON	13830 SW RAWHIDE CT. BEAVERTON, OR 97008 USA
DIRECTOR	AGOSTON AGOSTON	13830 SW RAWHIDE CT. BEAVERTON, OR 97008 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
PRESIDENT	AGOSTON AGOSTON	13830 SW RAWHIDE CT. BEAVERTON, OR 97008 USA
DIRECTOR	AGOSTON AGOSTON	13830 SW RAWHIDE CT. BEAVERTON, OR 97008 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 *Num of Shares*	
CWP		1	$0.0100	1,200,000.00

Signed this 13 Day of January, 2025 at 1:19:15 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 BRIAN DOXEY
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 4537171

I, TOBIAS READ, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

HYPERLABS INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

TOBIAS READ, SECRETARY OF STATE

Issued Date: 1/13/2025

Come visit us on the internet at: https://sos.oregon.gov/business or use the QR code to check their current status.

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:

January 13, 2025 01:18 PM

Gregg M. Amore
Secretary of State