LLC-5

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00



For Office Use Only

-FILED-

B3013-3120 09/24/2024

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PM

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File No.: 202464010437 Date Filed: 9/24/2024

ote: Registered LLCs in California may have to pay minimum \$800 tax to the difornia Franchise Tax Board each year. For more information, go to ps://www.ftb.ca.gov/.						
		This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on your attache	d Certificate of G	ood Standing	J.)			<u> </u>
Mindful Digital Therapeutics LLC						
1b. California Alternate Name, If Required (Only enter an alterna	ate name if the LL	C name in 1	a not available in (	California.)	)	
						.,
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Goo	d Standing.)				
a. Jurisdiction (State, foreign country or place where this LLC is formed.)						
Delai	ware					
b. Authority Statement (Do not alter Authority Statement)	<u>"</u>		<u> </u>			
This LLC currently has powers and privileges to conduct busin	ess in the stat	e, foreign	country or plac	ce enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses. Ite	ems 3a and 3b ca	nnot be a P.	O. Box or "in care	of" an indi	vidual or e	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrev	ations)		State	Zip Code	
215 E. 50th Street	New York	York			10022	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbrev	City (no abbreviations)			Zip Code	
				CA		
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	<b>√</b> 3a 3b					
d. Mailing Address - if different than item 3a or 3b	City (no abbrev	City (no abbreviations)			Zip Code	
			_		<u> </u>	
4. Service of Process (Must provide either Individual OR Corporation	•					
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full	· · · · · · · · · · · · · · · · · · ·	nia street ad				
a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name Last Name			Suf		Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrev	iations)		State	Zip Cod	e
CORPORATION - Complete Item 4c only. Only include the name of the	registered agent	Corporation.	-	· ·		
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do no	ot complete Item 4	or 4b				
VCORP AGENT SERVICES, INC.						
5. Read and Sign Below (Title not required.)		<u></u>			-	
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC,	n herein is true	and corre	ect and that I a	m author	rized to	sign
M. brell	Marya	na Gellei	•			
Signature		nd Print Na				
LC-5 (REV 11/2023)				2023 Cali	fornia Secre	tary of

## <u>Delaware</u>

Page 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MINDFUL DIGITAL THERAPEUTICS LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MINDFUL DIGITAL THERAPEUTICS LLC" WAS FORMED ON THE NINETEENTH DAY OF SEPTEMBER,

A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 204473047

Date: 09-24-24

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