





STATE OF CALIFORNIA Office of the Secretary of State STATEMENT OF INFORMATION

1500 11th Street Sacramento, California 95814 (916) 657-5448

For Office Use Only

-FILED-

File No.: BA20241971336 Date Filed: 11/6/2024

| Entity Details | | | |
|-------------------------------------|---|--|--|
| Corporation Name | | ROOTED MINDS, INC. | |
| Entity No. | | 6438644 | |
| Formed In | | CALIFORNIA | |
| Street Address of Principal Office | of Corporation | | |
| Principal Address | | 8564 VIA HUERTE RANCHO CUCAMONGA, CA 91730 | |
| Mailing Address of Corporation | | · | |
| Mailing Address | | 8564 VIA HUERTE RANCHO CUCAMONGA, CA 91730 | |
| Attention | | TO INCIDE COOP IN CITED IN COLUMN TO THE COLUMN THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN | |
| Street Address of California Office | e of Corporation | | |
| Street Address of California Office | | None | |
| Officers | | | |
| Officer Name | Officer Address | Position(s) | |
| + MONIKA BOTROS | 8564 VIA HUERTE RANCHO CUCAMONGA, CA 91730 | Chief Executive Officer, Chief Financial Officer, Secretary | |

| Officer Name | Officer Address | Position | Stated Position | |
|--------------|-----------------|----------|-----------------|--|
| None Entered | | | | |

Directors

| Director Name | Director Address | |
|-----------------|---|--|
| + MONIKA BOTROS | 8564 VIA HUERTE RANCHO CUCAMONGA, CA 91730 | |

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name **MONIKA BOTROS** 8564 VIA HUERTE Agent Address

RANCHO CUCAMONGA, CA 91730

Type of Business

Type of Business **PSYCHOLOGIST**

Email Notifications

Opt-in Email Notifications Yes, I opt-in to receive entity notifications via email.

Labor Judgment

No Officer or Director of this Corporation has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code.

| Electronic Signature | | | | |
|--|------------|--|--|--|
| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. | | | | |
| MARLENA ALVARA | 11/06/2024 | | | |
| Signature | Date | | | |
| | | | | |