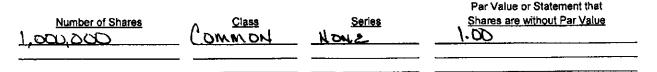
| e de la companya de l | |
|---|------------------------------------|
| Filing and License Fee: \$310.00 minimum ID Number: | |
| STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2815 | RECEIV RETARY O RETARY O |
| | PH UNS |
| BUSINESS CORPORATION | 3: 52 |
| APPLICATION FOR CERTIFICATE OF AUTHORITY | |
| Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the under corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that put the following statement: | gned foreign pose submits |
| 1. The name of the corporation is <u>READY RAZOR INC</u> | |
| 2. It is incorporated under the laws of COLOR NOD | |
| 3. The name, if different, which it elects to use in Rhode Island is: | |
| (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition above corporate endings for use in Rhode Island: | " "compeny," of one of the |
| (b) If the corporate name is not available in Rhode Island, then set forth below the fictilious name under which the qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to b application: | orporation will filed with this |
| 4. The date of its incorporation is October 1995 and the period of its duration is PERPET | LAL |
| 4. The date of its incorporation is | |
| 5. The address of its principal office in the state or country under the laws of which it is incorporated is | |
| 15845 E DENS REVE UNIT RETURNED | |
| 6. The address of its proposed registered office in Rhode Island is 155 South Main Street, Suite 301 (Street Address, not P.O. Box) | |
| Providence , RI 02903 and the name of its proposed registered agent in | thode Island at |
| (City/Town) (Zip Code) | |
| that address is (Name of Agent) | <u></u> |
| 7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: | <u>sLE.</u> |
| | |
| 8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of th | state or country |
| of which it is incorporated). Name Address | 0 |
| Director CHRISTOPHER SMITH ISBUS & 32ND AND LINITA ALLE | <u>(6800)</u> |
| Director CHRISTOPHER SMITH 15845 E 32ND AVE UNITA HULR | RA CO BUIL |
| Director | |
| Director | |
| Form No. 150 | |
| | |
| Revised: 12/06 | |
| Revised: 12/05 | |
| Revised: 12/06 | |

(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).

| <u>Name</u> | Address |
|-----------------------------|---|
| President GARL ROBLE | 15845 E 32ND AVE UNITA HURDER (08DI) |
| Vice President SHN'SNNSING | 15845 E 32ND AUE UNIT A AURORA LO BOILI |
| Treasurer | |
| Secretary CHRISTOPHER SMITH | 15845E32ND AVELIN TA HURDRA (O BOIL |

 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:



- 10. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is
 - (b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ ______.
 - (c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is _,OO+___%. [divide (b) by (a) and multiply by 100 to obtain the percentage].
- - (b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is \$ 12,000*
- 12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.
- 13. 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 ______

Date: 12/17/09

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Signature of Authorized Officer of the Corporation

CHRISTOPITER SMITH - S Type or Print Name of Authorized Offi SMITH - 2

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OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

READY RAZOR INC.

is a **Corporation** formed or registered on 06/06/1990 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19901063527.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/15/2009 that have been posted, and by documents delivered to this office electronically through 12/18/2009 @ 10:14:29.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 12/18/2009 @ 10:14:29 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7529245.



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <u>http://www.sos.state.co.us/hiz/CertificateSearchCritevia.do</u> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. <u>Confirming the issuance of a certificate is merely optional and is not</u> necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <u>http://www.sos.state.co.us/ click Business</u> Center and select "Frequently Asked Questions." State of Rhode Island and Providence Plantations



A. Ralph Mollis Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island

and Providence Plantations, 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:

A. ' apr loceio

A. RALPH MOLLIS Secretary of State

