### Filing and License Fee: \$310.00 minimum



Revised: 06/11

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

### **BUSINESS CORPORATION**

#### **APPLICATION FOR CERTIFICATE OF AUTHORITY**

UEGRETARY OF S

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the understand foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The name of the corporation is TelAgility Corp.										
2.	It is	It is incorporated under the laws of Maryland									
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", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:  If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:									
	(b)										
4.	The	date of	its incorporation is 4/16/2014		and the period of its duration is	Perpetual					
5.	The address of its principal office is 326 First Street, Suite 24, Annapolis, MD 21403										
6.	Pkwy										
	1110	audics	a orna proposca registerea omi	e in renode island is	(Street Address, not P.O. Box)						
	East Providence RI 0			, RI_02914	and the name of its proposed regis	stered agent in Rhode Island at					
			(City/Town)	(Zip Code)	. , ,	J					
	that address is CT Corporation System										
	(Name of Agent)										
7.	The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:										
	Wholesale Service Provider for Cloud Based Communication										
8.	. (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).										
	<u>Name</u>				<u>Address</u>						
	Dire	ctor	None								
	Dire	ctor									
	Dire	ctor	FILED								
	Dire	ctor		UL 23 2015 @							
	Form	n No. 150	pv ( /	25336	<u>L</u>						

		<u>Name</u>	<u>Name</u>		<u>Address</u>				
	President	Adam Cole	le		326 First Street, Suite 24, Annapolis, MD 21403				
	Vice President								
	Treasurer								
	Secretary			*					
9.	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, wi		s: <u>Class</u>		Par Value or Statement that Shares are without Par Value				
	3,000,000	Common		<u>Series</u>	0.001				
10.	(a) \$	perty to be owned by the corporation for the							
	(b) \$_0.00	=	An estimate of the	value of the corp	oration's property to be located within Rhode				
	Island during the	following year.		·	, ,, , , , , , , , , , , , , , , , , , ,				
	(c) 6								
11.	(a) \$ 500,000	=	An estimate of the	gross amount of	business to be transacted by the corporation				
	during the follow	ng year.							
	(b) \$ 5000 = An estimate of the gross amount of business to be transacted by the corpora or from places of business in Rhode Island during the following year.								
	(c) 1 ———————————————————————————————————								
	transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. {divide (b) by (a) and multiply by 100 to obtain the percentage}								
	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.	his 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 afte	r the date of this filing		,					
	nll		Applica	tion for Certificate nents, and that a	I declare and affirm that I have examined this of Authority, including any accompanying statements contained herein are true and				
Date	1 14/15			Signature of A	uthorized Officer of the Corporation				
				<del>-</del>	and the corporation				
			Adam	Cole					

Type or Print Name of Authorized Officer

# STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT TELAGILITY CORP., INCORPORATED APRIL 16, 2014, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 26, 2015.

Paul B. Anderson Charter Division

Faul B. Under



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097