

## State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

## RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2016 MAR 30 AM 10: 29

## Application for Certificate of Authority Foreign Business Corporation

Filing and License Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, the undersigned 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:					
Margia Floors Incorporated					
2. It is incorporated under the laws of:	Delaware				
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:					
(b) 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:					
4. The date of its incorporation is:	02/26/2016				
And the period of its duration is: CHECK ONLY ONE BOX  Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:					
22 Mill Street, Newport, RI 02840					

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Form No. 150 Revised: 2016

<u>r</u>					
<del></del>	ess of the initial registered	d agent/office of in F	thode Island	l:	
Agent Name Pearson	B. Potts				
Street Address ( <u>NOT</u> a	a P.O. Box) 22 Mill Street				
City/Town Newport		State RHODE I	SLAND	Zip Code 02840	
7. The purpose or purp	oses which it proposes to	pursue in the trans	action of bus	siness in Rhode Island are:	
Flooring		-			
8. (a) The names and r state or country of which	espective addresses of it that is incorporated):	s directors (optional	, unless dire	ctors are required under the laws of the	
NAME			ADDRESS		
				neck this box to indicate an attachment	
8. (b) The names and relaws of the state or cou	espective addresses of its incorporation	s principal officers (r	nandatory if	directors are not required under the	
OFFICE	NAME		ADDRESS		
PRESIDENT	Hendrik J. Ruys	Hendrik J. Ruys 22 Mill Street, Newport, RI 02840		wport, RI 02840	
VICE PRESIDENT					
TREASURER	Pearson B. Potts	22 M	22 Mill Street, Newport, RI 02840		
SECRETARY	Pearson B. Potts	22 Mill Street, Newport, RI 02840			
			Ch	eck this box to indicate an attachment	
9. The aggregate numb without par value, and s	per of shares which it has series, if any, within a clas	authority to issue; it		lasses, par value of shares, shares	
NUMBER OF SHARES	CLASS	SERIES		PAR VALUE OR STATE NO PAR VALUE	
5,000	1 2 2			0.010000	
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Form No. 150 Revised: 2016

10. (a) Estimate, in dollars, the value of all prope located:	erty to be owned by the corporation for the follow	ring year, wherever		
\$_45000				
(b) Estimate, in dollars, the value of the corporation year:	on's property to be located within Rhode Island o	furing the following		
\$				
(c) Estimate, as a percentage, 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. Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.				
<u> </u>				
11. (a) Estimate, in dollars, the gross amount of bu	siness to be transacted by the corporation during	the following year.		
\$ <u>0</u>				
(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.				
\$ <u> </u>				
(c) Estimate, as a percentage, the proportion 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 compared to the gross amount thereof which will be transacted by the corporation during the following year. Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.				
12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.				
13. Date when the Certificate of Authority will be ef	ffective: CHECK ONLY ONE BOX			
Date received (Upon filing)  Later effective date (Date must be no more than 90 days from the day of filing)				
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	Type or Print Name of Authorized Officer Pearson B. Potts, Secretary	Date February 29, 2016		
1 / / /	<u> </u>			

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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

DELAWARE, DO HEREBY CERTIFY "MARGIA FLOORS INCORPORATED" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF MARCH, A.D.

2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARGIA FLOORS INCORPORATED" WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE CORPORATIONS DIV

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Date: 03-28-16