

## 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

SECRETARY OF STATE OF

## Application for Certificate of Authority Foreign Business Corporation

Filing and License Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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:  |   |  |  |  |
|---|---|--|--|--|
| CONNECTED HOME, INC.  |   |  |  |  |
| 2. It is incorporated under the laws of:  | DELAWARE  |  |  |  |
| 3. The name, if different, which it elects to use in Rhode  | e Island is:  |  |  |  |
| (a) If the name of the corporation in its jurisdiction of ine<br>"incorporated", or "limited," or an abbreviation thereof, the above corporate endings for use in Rhode Island: | corporation does not contain the word "corporation", "company", then list the name of the corporation with the addition of one of |  |  |  |
| (b) If the corporate name is not available in Rhode Islan<br>corporation will qualify and transact business in Rhode<br>be filed with this application:                         | nd, then set forth below the fictitious name under which the<br>Island as stated in the "Fictitious Business Name Statement" to   |  |  |  |
| 4. The date of its incorporation is:  | 9/24/2015   |  |  |  |
| And the period of its duration is: CHECK ONLY ONE E  Perpetual (on-going)   | вох   |  |  |  |
| Date certain for dissolution  |   |  |  |  |
| 5. The address of its principal office is:  |   |  |  |  |
| 1625 NW 136th Avenue, Suite 200, Ft Lauderdale, FL 33323  |   |  |  |  |

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Form No. 150 Revised: 2016

| 6. The name and addre                            | ess of the initial r | egistered ag   | gent/office of in Rhode                   | Island:                                   | e finelo Tiffie Tiffy amon in 1996.  |  |
|--|----------------------|--|---|---|--------------------------------------|--|
| Agent Name CORP                                  | ORATE CRE            | ATIONS N   | IETWORK INC                               |   |                                      |  |
| Street Address (NOT a                            | P.O. Box) 10         | Dorrance   | Street #700                               |   |                                      |  |
| City/Town Providence                             |                      | State RHODE ISLAND                                     |   | Zip Code <b>02903</b>                     |                                      |  |
| 7. The purpose or purp                           | ooses which it pro   | poses to pu  | irsue in the transaction                  | of busine                                 | ss in Rhode Island are:              |  |
| To deliver in-hom                                | ne service for       | common   | household syste                           | ms and                                    | appliances.                          |  |
| 8. (a) The names and restate or country of which |                      |  | rectors (optional, unle                   | ss director                               | s are required under the laws of the |  |
| NAME   | ADDRESS              |  |   |   | S                                    |  |
| Sidney D. Wolk                                   |                      | 1625 NW 136th Ave, Suite 200, Ft. Lauderdale, FL 33323 |   |   |                                      |  |
| Howard L. Wolk                                   |                      | 1625 NW 136th Ave, Suite 200, Ft. Lauderdale, FL 33323 |   |   |                                      |  |
| Jeffrey C. Wolk                                  |                      | 1625 NW 136th Ave, Suite 200, Ft. Lauderdale, FL 33323 |   |   | Lauderdale, FL 33323                 |  |
|  |                      |  |   |   |                                      |  |
| 8. (b) The names and r                           |                      |  |   | ene enem enem en manadadada               | e box to indicate an attachment.     |  |
| OFFICE   |                      | NAME   |   |   | ADDRESS                              |  |
| PRESIDENT  | Steven E. Upshaw     |  | 1625 NW                                   | 1625 NW 136th Ave, S.200, Ft Laud FL33323 |                                      |  |
| VICE PRESIDENT                                   | Howard L. Wolk       |  | 1625 NW                                   | 1625 NW 136th Ave, S.200, Ft Laud FL33323 |                                      |  |
| TREASURER  | Margaret G. Ward     |  | 1625 NW 136th Ave, S.200, Ft Laud FL33323 |   |                                      |  |
| SECRETARY  | Dale J. Huber        |  | 1625 NW                                   | 1625 NW 136th Ave, S.200, Ft Laud FL33323 |                                      |  |
|  | •                    |  |   | Check the                                 | e box to indicate an attachment.     |  |
| 9. The aggregate numb                            |                      |  |   | d by class                                | ses, par value of shares, shares     |  |
| NUMBER OF SHARES                                 | CLASS                |  | SERIES                                    | P   | AR VALUE OR STATE NO PAR VALUE       |  |
| 5000   | Common               |  |   |   | NPV                                  |  |
|  |                      |  |   |   |                                      |  |
|  |                      |  |   |   |                                      |  |
| ·  | -                    |  |   |   |                                      |  |
| <del></del>                                      | <u> </u>             |  |   | <del></del>                               |                                      |  |

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| 10. (a) Estimate, in dollars, the value of all proper located:  | rty to be owned by the corporation for the follow  | ing year, wherever                          |  |  |
|---|--|---|--|--|
| \$ 500K   | -  |   |  |  |
| (b) Estimate, in dollars, the value of the corporatio year:   | n's property to be located within Rhode Island d   | uring the following                         |  |  |
| \$  |  |   |  |  |
| (c) Estimate, as a percentage, the proportion that within this state during the following year bears to following year, wherever located. <i>Note: Divide (10)</i>  | the value of all property of the corporation to be   | owned during the                            |  |  |
| %   |  |   |  |  |
| 11. (a) Estimate, in dollars, the gross amount of but   | siness to be transacted by the corporation during  | the following year.                         |  |  |
| s_/M  |  | ·   |  |  |
| (b) Estimate, in dollars, the gross amount of busine in Rhode Island during the following year.   | ess to be transacted by the corporation at or from   | m places of business                        |  |  |
| \$  |  |   |  |  |
| (c) Estimate, as a percentage, the proportion of the or from places of business in Rhode Island during be transacted by the corporation during the following percentage.  | the following year compared to the gross amount  | nt thereof which will                       |  |  |
| <u>-01</u> %  |  |   |  |  |
| 12. This application must be accompanied by a Coofficer of the state or country under the laws of who document.   | ertificate of Good Standing/Letter of Status issue ich it is incorporated that is dated within 60 days | ed by the proper<br>s of the filing of this |  |  |
| 13. Date when the Certificate of Authority will be e  | ffective: CHECK ONLY ONE BOX   |   |  |  |
| Date received (Upon filing)   |  |   |  |  |
| ✓ Later effective date (Date must be no more th   | an 90 days from the day of filing) 7/1/2016  |   |  |  |
| 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   | Date  |  |  |
| Soyfoguyent HERE  | Dale J. Huber, Secretary   | 5/12/16                                     |  |  |
|   | <del></del>  |   |  |  |

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.

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CONNECTED HOME, INC." 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 ELEVENTH DAY OF APRIL, 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 "CONNECTED HOME, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2015.

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





Authentication: 202127111

Date: 04-11-16

5832649 8300 SR# 20162213443 I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

