

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

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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:		
MAGNA SYSTEMS I	NTERNATIONAL INC	·
2. It is incorporated under the laws of:	MICHIGAN	
3. The name, if different, which it elects to use in Rhoo		
(a) If the name of the corporation in its jurisdiction of ir "incorporated", or "limited," or an abbreviation thereof, the above corporate endings for use in Rhode Island:	ncorporation does not contain the word "corpora then list the name of the corporation with the ad	tion", "company", ddition of one of
(b) If the corporate name is not available in Rhode Isla corporation will qualify and transact business in Rhode be filed with this application:	and, then set forth below the fictitious name unde e Island as stated in the "Fictitious Business Nar	er which the Common to Com
4. The date of its incorporation is:	MA4-07-1996	35.75
And the period of its duration is: CHECK ONLY ONE I Perpetual (on-going)	вох	50
Date certain for dissolution		<u>:</u>
5. The address of its principal office is:		
29777 TELEGRAPH RD_ 51	E 2250, SOUTHFIELD, M.	I 48034

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Form No. 150 Revised: 2016

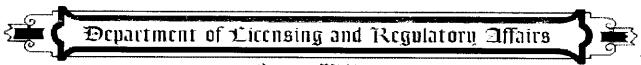
6. The name and addr	ess of the initial	registered agent/o	office of in	Rhode Island:			
Agent Name							
54	ZANNE	KONI	AYN	8			
Street Address (<u>NOT</u> a	a P.O. Box)	AVE.					·
City/Town	423/00	Sta		406	Zip Code		
JUH	MSTON			ISLAND	029	19	
7. The purpose or purp							
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8. (a) The names and restate or country of which	respective addre	sses of its directo ed):	rs (optiona	al, unless directors	are require	d under th	e laws of the
NAME	ADDRESS						
NAIDU GUD	VAIDU GUDIVADA 2 2548 SEQUOIA CT						
EEFAMMA GU	1	Bloom	neiei	o HILLS	. 117	r 40	201
CET THE STO	DIVADA	1 Decem	17 EL	B mas	141	<u>. 78</u>	304
							
					this box to ir		
(b) The names and relaws of the state or cou	espective addres	ses of its principa	al officers	(mandatory if direc	ctors are not	required (under the
OFFICE	NAME			ADDRESS			
PRESIDENT	 			ADDRESS			
	NAIDL	GUDINA	ADA }	2048 5	EQUO	in a	7
VICE PRESIDENT				BLOOMFIE			
TREASURER			48304				
SECRETARY							
							
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The aggregate number without par value, and s	er or snares which eries, if any, with	n it nas autnority nin a class, is:	to issue; i	temized by classe	s, par value	of shares	, shares
NUMBER OF SHARES	CLASS		SERIES	PA	R VALUE OR S	TATE NO PA	AR VALUE
60,000	A			20	0.01	Res	value
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Form No. 150 Revised: 2016

10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:			
\$			
(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:			
\$			
(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.			
			
11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.			
\$			
(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.			
\$			
(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. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i>			
%			
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 effective: 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 Date			
SIGN DOCUMENTHERED. J RAMA GUDIVADA 5-26-16.			

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.





Lansing, Michigan

This is to Certify That

MAGNA SYSTEMS INTERNATIONAL INC.

was validly incorporated on May 7, 1996, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1384988

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 23rd day of May, 2016.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

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

