## Filing and License Fee: \$310.00 minimum

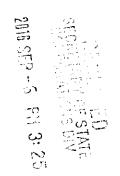


## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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**



Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, 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: Tilescapes, Inc. The name of the corporation is \_\_\_ It is incorporated under the laws of Colorade 2. 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: 11/19/20/2 and the period of its duration is 09/06/2017The date of its incorporation in The address of its principal office is 803 Mount Evans Rlud. Pine,080470 5. (Street Address, not P.O. Box) The address of its proposed registered office in Rhode Island is , RI OASS and the name of its proposed registered agent in Rhode Island at (Zip Code) that address is The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Commercial Construction - tile (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). Name Address PO Box 714 Pine (0 804 Director Director

Form No. 150 Revised: 06/11

Director

Director

BEXC 11874934

|         |                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>Name</u>                           |                                                                                                                          | <u>Address</u>                        |                                         |  |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------|--|
| F       | President                                                                                                                                                                  | Typer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Reed                                  | PO BOX                                                                                                                   | 714 Pine                              | CO 8047                                 |  |
| ١       | /ice President                                                                                                                                                             | 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                                                                                                          |                                       |                                         |  |
| ר       | Treasurer                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | · · · · · · · · · · · · · · · · · · · |                                                                                                                          |                                       |                                         |  |
| 5       | Secretary                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                                                                                                                          |                                       |                                         |  |
|         | 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: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                                                                                                                          |                                       |                                         |  |
| _       | Number of Sha                                                                                                                                                              | nres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>Class</u>                          | <u>Series</u>                                                                                                            | Par Value or Sta<br>Shares are withou |                                         |  |
|         | o) \$ 0.00                                                                                                                                                                 | wherever located.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | e of the value of all property                                                                                           | •                                     | ·                                       |  |
|         | the corporation<br>be owned during                                                                                                                                         | Island during the following year.  O O W = 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. (divide (b) by (a) and multiply by 100 to obtain the percentage)  \$ 200,000.00 = An estimate of the gross amount of business to be transacted by the corporation |                                       |                                                                                                                          |                                       |                                         |  |
|         | during the follows: $\sqrt{5.00}$                                                                                                                                          | bllowing year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                                                                                                                          |                                       |                                         |  |
| (0      | transacted by t                                                                                                                                                            | he corporation at o<br>vill be transacted by                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r from places of bu                   | percentage, of the proportion siness in this state during the uring the following year. {dividuals                       | following year bears                  | to the gross amount                     |  |
|         | his application is a<br>lws of which it is in                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | certificate of Good                   | Standing issued by the prope                                                                                             | er officer of the state of            | or country under the                    |  |
| 3. T    | his Application for                                                                                                                                                        | Certificate of Autho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | rity shall be effective               | e upon filing unless a specified                                                                                         | d date is provided whic               | h shall be no later                     |  |
| th      | an the 90th day af                                                                                                                                                         | ter the date of this t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | filing 09/06/2                        | 1016.                                                                                                                    |                                       |                                         |  |
| )ate: ˌ | 09/05/2                                                                                                                                                                    | 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       | Under penalty of perjury, I de Application for Certificate of attachments, and that all st correct.  Signalary of Author | f Authority, including                | any accompanying<br>nerein are true and |  |

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

# CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Tilescapes Inc.

is a

## Corporation

formed or registered on 07/21/2006 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 20061298602.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/31/2016 that have been posted, and by documents delivered to this office electronically through 09/06/2016 @ 13:16:56 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/06/2016 @ 13:16:56 in accordance with applicable law. This certificate is assigned Confirmation Number 9822292



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 Validate a Certificate page of the Secretary of State's Web site. http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http:// www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions.

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

