

Certificate of Authority

FOREIGN Corporation

 \rightarrow Filing 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:

R.I. DEPT. 95 STATE 8 18 14 05 DIV

The name of the corporation is:					
Lenovo Connect (United States) Inc.					
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: 11/07/2016					
And the period of its duration is: CHECK ONLY ONE BOX					
X Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:					
1009 Think Place, Morrisville, NC 27560					
6. The name and address of the initial registered agent/office of in Rhode Island:					
Agent Name C T Corporation System					
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A					
City/Town East Providence	State RHODE ISLAND	Zip Code ₀₂₉₁₄			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

DEC 0 7 2016

BY No 290288

FORM 150 - Revised: 05/2016

state or country of which			(optional, unless dir	ectors are required under the laws of the	
NAME		ADDRESS			
Kurt Cranor	1009 Think Place, Mo		risville, NC 27560		
John Stanley	1009 Think Place, Mor		risville, NC 27560		
Thomas S Ottman 1009 Think Place, N		1009 Think Place, Mo	orrisville, NC 27560		
				Check the box to indicate an attachment.	
8. (b) The names and roof the state or country of			officers (mandatory	if directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT	Kurt Cranor		1009 Think Place	1009 Think Place, Morrisville, NC 27560	
VICE PRESIDENT	John Stanley		1009 Think Place	1009 Think Place, Morrisville, NC 27560	
TREASURER					
SECRETARY					
	<u> </u>			Check the box to indicate an attachment.	
9. The aggregate numb			o issue; itemized by	classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
1,000	Common			\$0.0100	
10. (a) Estimate, in do owned by the corporation				ollars, the value of the corporation's property in Rhode Island during the following year:	
located: \$ 0.0000		\$_ ^{0.00}	\$_0.0000		

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.				
\$_0.0000	\$_0.0000				
(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: C	HECK 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.					
Type or Print Name of Authorized Officer		Date			
Kurt Cranor, President		11/29/2016			
Signature of Authorized Officer of the Corporation					
Lut Cronn					

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LENOVO CONNECT (UNITED STATES) 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 SECOND DAY OF DECEMBER, 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 ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

A CONTRACTOR OF THE PARTY OF TH

Authentication: 203439856

Date: 12-02-16