

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF STATE SHE SYCH DIV

Certificate of Authority

FOREIGN Corporation

-> 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:

The name of the corporation is:						
DIKEMAN ST. CORP.						
2. It is incorporated under the laws of: NEW YOR	RK					
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 filled with this application:						
MX 1						
4. The date of its incorporation is: 11/17/92						
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:						
176 UNION ST BROOKLYN 11231						
6. The name and address of the initial registered agent/office of in Rhode island:						
Agent Name ARIE PIVKO						
Street Address (NOT a P.O. Box) 12 CANAL ST STE 203						
City/Town WESTERLY	State RHODE ISLAND	Zip Code 02891				

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 10:35 Am

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By 290664

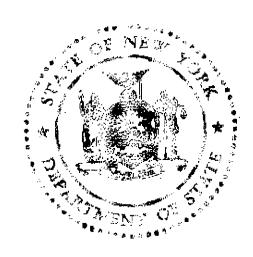
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7. The purpose or purpo	oses which it proposes to purs	sue in the tr	ransaction of I	business in Rhode Island are:			
RENTAL REAL ESTATE							
(A) 1							
8. (a) The names and restate or country of which		ectors (option	onal, uniess d	irectors are required under the laws of the			
NAME	NAME			DDRESS			
,			· ·				
•				Check the box to indicate an attachment.			
8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):							
OFFICE	NAME			ADDRESS			
PRESIDENT	ERNEST SCHEMITSCH		176 UNION ST BROOKLYN NY11231				
VICE PRESIDENT							
TREASURER							
SECRETARY							
				Check the box to indicate an attachment.			
9. The aggregate number par value, and series, if		ority to issu	ie; itemized by	y classes, par value of shares, shares without			
NUMBER OF SHARES	CLASS	s	ERIES	PAR VALUE OR STATE NO PAR VALUE			
10	COMMON			NO PAR VALUE			
	· · · · · · · · · · · · · · · · · · ·						
10. (a) Estimate, in dol	lars, the value of all property t	to be (b)	Estimate, in c	follars, the value of the corporation's property			
owned by the corporation for the following year, wherever to be located within Rhode Island during the following year:							
located:			_S o				
· Ψ <u></u>			٧				
(c) Estimate, as a perce	entage, the proportion that the	e estimated	value of the	property of the corporation to be located			
within this state during t		e value of al	II property of th	he corporation to be owned during the			
100 %							
				•			

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.				
\$_60000	\$_60000				
(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 (11e) and multiply by 100 to obtain the percentage. 100 %					
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.					
Type or Print Name of Authorized Officer		Date			
ERNEST SCHEMITSCH		12/9/16			
Signature of Authorized Officer of the Corporation SIGN DOC	UMENT HERE				

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of DIKEMAN ST. CORP. was filed on 11/17/1992, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 30th day of November two thousand and sixteen.

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

