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:

R.I. DEPT. OF STATE BUS SYCS DIV

for that purpose submits the following statement:						
The name of the corporation is:						
BE DAZZLED, INC.						
2. It is incorporated under the laws of: MASSACHUSETTS						
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: N/A						
4. The date of its incorporation is: AUGUST 10, 2009						
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:						
10 HEATHER WAY RAYNHAM, MA 02767						
6. The name and address of the initial registered agent/office of in Rhode Island:						
Agent Name JENNIFER A. SOLIMINE						
Street Address (NOT a P.O. Box) 225 GODDARD ROW						
City/Town NEWPORT	State RHODE ISLAND	Zip Code 02840				
						

MAIL TO:

Division of Business Services

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

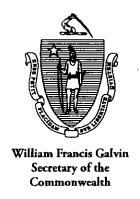
Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 2 7 2017

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
RETAIL SALES OF GIFTS, FASHION APPAREL AND JEWELRY						
,						
8. (a) The names and re	espective addr	esses of its directors (o	ptional, unless dir	ectors are required under the laws of the		
state or country of which						
NAME			ADDRESS			
JENNIFER A. SOLIMINE		10 HEATHER WAY RAYNHAM, MA 02767				
	<u> </u>					
						
				Check the box to indicate an attachment.		
(b) The names and re of the state or country or			icers (mandatory	if directors are not required under the laws		
OFFICE		NAME		ADDRESS		
PRESIDENT	JENNIFER A	SOLIMINE	10 HEATHER WAY RAYNHAM, MA 02767			
VICE PRESIDENT	JENNIFER A	. SOLIMINE	10 HEATHER WAY RAYNHAM, MA 02767			
TREASURER	JENNIFER A. SOLIMINE		10 HEATHER WAY RAYNHAM, MA 02767			
SECRETARY	JENNIFER A. SOLIMINE		10 HEATHER WAY RAYNHAM, MA 02767			
				Check the box to indicate an attachment.		
9. The aggregate number par value, and series, if			ssue; itemized by	classes, par value of shares, shares without		
NUMBER OF SHARES	CLAS	s	SERIES	PAR VALUE OR STATE NO PAR VALUE		
100				\$100/PER SHARE = \$10,000		
						
10. (a) Estimate, in doll	lare, the value	of all proporty to be	(h) Estimato in de	ollars, the value of the corporation's property		
owned by the corporatio		'''		in Rhode Island during the following year:		
located: \$ 175,000.00		_{\$} 45,0	00.00			
5			Ψ			
within this state during th	he following ye	ar bears to the value of	fall property of the	roperty of the corporation to be located e corporation to be owned during the 00 to obtain the percentage.		
25 %						

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.		
\$	\$_250,000.00		
(c) Estimate, as a percentage , the proportion of the gross a from places of business in Rhode Island during the following transacted by the corporation during the following year. <i>Note percentage</i> .	year compared to the gross a	mount thereof which will be	
<u>35</u> %			
12. This application must be accompanied by a Certificate o the state or country under the laws of which it is incorporate	——————————————————————————————————————	• • •	
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 day	s from the day of filing)		
Under penalty of perjury, I declare and affirm that I have exa accompanying attachments, and that all statements contains	- ·	ficate of Authority, including any	
Type or Print Name of Authorized Officer		Date	
JENNIFER A. SOLIMINE		MARCH 25, 2017	
Signature of Authorized Officer of the Corporation A. Solu			



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: March 23, 2017

To Whom It May Concern:

I hereby certify that according to the records of this office.

BE DAZZLED, INC.

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

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In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Certificate Number: 17030345450

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by:

R.I. DEPT. OF STAT