State of Rhode Island and Providence Department of State - Bus	e Plantations iness Services Division	R.I. DEPT. BUS SV 2017 NOV 22
Articles of Incorporation		co <sup>rr</sup>
→ Filing Fee: \$230.00 minimum		PH IZ:
The undersigned, acting as incorporator(s) adopt(s) the following Articles of Incorpora	) of the corporation under RIGL	ຸພ <u>ສ</u>
1. The name of the corporation is:		
FLORENTINO AUTO CA	RE INC	
Is this a close corporation pursuant to	RIGL of the General Law	vs, 1956, as amended? 🔲 Yes 🔽 No
2. The total number of charge which the (	corporation has the authority to issue	e is:
(Unless otherwise stated, all authorize Total Authorized Shares	d shares are deemed to have a nom Class of Stock	Par Value Or \$0.01 per share.)
(Number of Shares) 500	STK	0.001
If you desire, you may include a statement voting rights, and the qualifications, limitati State any provisions here ( <i>optional</i> ):	of all or any of the designations and the ons, or restrictions of them which are p	ne power, preferences, and rights, including permitted by the provisions of RIGL Check the box to indicate an attachment
3. The name and address of the initial re Agent Name EUFROSINA PACHECO	gistered agent/office in Rhode Island	t is:
Street Address ( <u>NOT</u> a P.O. Box) <b>162 BI</b>	ROAD STREET	
City/Town PAWTUCKET	State RHODE	
<ol> <li>The corporation has the purpose of er or terminated in accordance with RIGL</li> </ol>	ngaging in any lawful business, and s	shall have perpetual existence until dissolved
MAIL TO-		12:36 pm <b>FILED</b>

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

BY<u>318167</u> KM

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5. Additional provisions, if any, not inconsistent with RIGL \_\_\_\_\_ which the incorporators elect to have set forth in these Articles of Incorporation:

Check the box to indicate an attachment

6 The name and address of each incorporator is:

Name VICTOR A FLORENTINO	Address 196 PLEASANT STREET APT 7		
City/Town PAWTUCKET	State RI	Zip Code <b>02860</b>	
Name	Address	Address	
City/Town	State	Zip Code	
Name	Address	1	
City/Town	State	Zip Code	
7. Date when these Articles of Incorporation will be	effective: CHECK ONLY ON	EBOX	
<ul> <li>Date received (Upon filing)</li> <li>Later effective date (Date must be no more the second second</li></ul>			
Under penalty of perjury, I/we declare and affirm the accompanying attachments, and that all statements	hat l/we have examined these ts contained herein are true ai	Articles of Incorporation, including any nd correct.	
Type or Print Name of Incorporator VICTOR A FLORENTINO		Date 11 <i>1</i> 08/2017	
Signature of Incorporator			
Type or Print Name of Incorporator		Date	
Signature of Incorporator			
Type or Print Name of Incorporator		Date	
Signature of Incorporator	<u> </u>	I	

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.



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

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:

November 22, 2017 12:36 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

