

## Articles of Incorporation DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator(s) of the corporation under RIGL adopt(s) the following Articles of Incorporation for such corporation:

2017 NOV 22 PH 12: 36	R.I. DEPT. OF STATE BUS SVCS DIV
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FLORENTINO AUTO C	t to RIGL of the General La	aws, 1956, as amended? 🔲 Yes 🗸 No
The total number of charge which th	ornoration has the authority to issu	Je is:
. The total number of shares which the (Unless otherwise stated, all authority)	ized shares are deemed to have a no	minal or par value of \$0.01 per share.)
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
500	STK	0.001
		the newer preferences, and rights including
oting rights, and the qualifications, limit	ent of all or any of the designations and tations, or restrictions of them which are	the power, preferences, and rights, including permitted by the provisions of RIGL
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oting rights, and the qualifications, limit state any provisions here (optional):	tations, or restrictions of them which are	Check the box to indicate an attachmen
oting rights, and the qualifications, limit state any provisions here (optional):  The name and address of the initial approximation.	tations, or restrictions of them which are I registered agent/office in Rhode Islan	Check the box to indicate an attachmen

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 12:36 pm

NOV 2 2 2017

BY 318167

Check the box to indicate an attachment  6. The name and address of each incorporator is:  Name VICTOR A FLORENTINO  State RI  Zip Code  Q2860  Address  City/Town  Address  City/Town  State  City/Town  State  Zip Code  Zip Code  Address  City/Town  State  Zip Code  Zip Code  Address  City/Town  State  Zip Code  Zip Code  Zip Code  T. Date when these Articles of Incorporation will be effective: CHECK ONLY ONE BOX  Date received (Upon filing)  Later effective date (Date must be no more than 30 days from the date of filing)  Under penalty of perjur, twee declare and affirm that twee have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct  Type or Print Name of Incorporator  VICTOR A FLORENTINO  Signature of Incorporator  Type or Print Name of Incorporator  Date  Signature of Incorporator	5. Additional provisions, if any, not inconsistent with Articles of Incorporation:	th RIGL which the incorp	orators elect to have set forth in these	
8. The name and address of each incorporator is.  Name VICTOR A FLORENTINO  State RI  Address  Lip Code Q2860  Name  Address  City/Town  State  City/Town  State  Address  City/Town  State  City/Town  To Date when these Articles of incorporation will be effective. CHECK ONLY ONE BOX  Date received (Upon filing)  Later effective date (Date must be no more than 90 days from the date of filing)  Under penalty of perjury, tive declare and affirm that tive have examined these Articles of incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.  Type or Print Name of Incorporator  VICTOR A FLORENTINO  Signature of Incorporator  Type or Print Name of Incorporator				
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Name VICTOR A FLORENTINO  City/Town PAWTUCKET  Name  Address  City/Town  Address  City/Town  State  Address  City/Town  State  Address  City/Town  Address  City/Town  Address  City/Town  Address  City/Town  Address  City/Town  City/Town  Address  Address  Address  Address  Zip Code  Zip Code  Zip Code  Address  City/Town  Address  Addre		C	heck the box to indicate an attachment	
City/Town PAWTUCKET Name  State RI  Zip Code C2860  City/Town State City/Town State  City/Town State  Zip Code  Zip Code  Address  City/Town State  Zip Code  Zip Code  Xame  City/Town State  Zip Code  Zip Code  Zip Code  Zip Code  7. Date when these Articles of Incorporation will be effective: CHECK ONLY ONE BOX  Zip Code  7. Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing)  Under penalty of perjury, twe declare and affirm that twe have examined these Articles of Incorporation, including any accompanying affectments, and that all statements contained herein are true and correct  Type or Print Name of Incorporator  Yictor A FLORENTINO  Signature of Incorporator  Date  Signature of Incorporator  Type or Print Name of Incorporator  Type or Print Name of Incorporator  Date	6. The name and address of each incorporator is			
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Name  Address  City/Town  State  Zip Code  7. Date when these Articles of Incorporation will be effective: CHECK ONLY ONE BOX  Date received (Upon filling)  Later effective date (Date must be no more than 90 days from the date of filling)  Under penalty of perjury, thee declare and affirm that thee have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct  Type or Print Name of Incorporator  VICTOR A FLORENTINO  Signature of Incorporator  Type or Print Name of Incorporator  Date  Date	Name	Address		
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Signature of Incorporator  **Yictor A.F. Incorporator**  Type or Print Name of Incorporator  Type or Print Name of Incorporator  Type or Print Name of Incorporator  Date				
Type or Print Name of Incorporator  Signature of Incorporator  Type or Print Name of Incorporator  Date		11,08,2017		
Signature of Incorporator  Type or Print Name of Incorporator  Date				
Signature of Incorporator  Type or Print Name of Incorporator  Date	1 Victor A Florentino			
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