

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

STAMP

Pursuant to the provisions of RIGL 7-1.2-1405, 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:		
BAERO North America, Inc.		
2. It is incorporated under the laws of: Delaware		
3. The name, if different, which it elects to use in Rho	ode Island is:	
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thereo above corporate endings for use in Rhode Island:	Incorporation does not contain to f, then list the name of the corporation.	he word "corporation", "company", pration with the addition of one of the
(b) If the corporate name is not available in Rhode is corporation will qualify and transact business in Rhod filed with this application:	sland, then set forth below the fid de Island as stated in the "Fictiti	ous Business Name Statement" to be
		COR COR
4. The date of its incorporation is: 11/28/2005		POR I
And the period of its duration is: CHECK ONE BOX	ONLY	8 11
Perpetual (on-going)		PH CNS
Date certain for dissolution		
5. The address of its principal office is:		25 VIE
10432 Baur Blvd, St. Louis, MO 63132		
6. The name and address of the initial registered age	ent/office in Rhode Island:	
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Bo	ulevard, Suite 200	
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
		<u> </u>
MAIL TO:	FILED	STAMP
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615	5 455 1 0 0010	W. C. CIUIL
Phone: (401) 222-3040	° APR 1 8 2018	

Website: www.sos.ri.gov

BY KL 328962 12.15

FORM 150 - Revised: 12/2017

7. The purpose or purpo	7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
Samil Milit Hyrmes at	Selling light fixtures and other lighting accessories to commercial grocery stores					
8. (a) The names and restate or country of which	espective addresses of its di h it is incorporated):	irectors (optiona	al, unless directo	ors are required under the laws of	of the	
NAME	ME		ADDRESS			
						
<u>.</u> .			-			
			Che	ck the box to indicate an attach	ment 🗍	
8. (b) The names and re	espective addresses of its pr	rincipal officers		rectors are not required under the		
of the state or country o	of which it is incorporated):		· · · · · · · · · · · · · · · · · · ·			
OFFICE	NAME			ADDRESS		
PRESIDENT	Nicholas Jordan		10432 Baur Blvd, St. Louis, MO 63132			
VICE PRESIDENT						
TREASURER						
SECRETARY						
			Che	eck the box to indicate an attach	ıment 🗍	
9. The aggregate number par value, and series, if		thority to issue;		ses, par value of shares, share		
NUMBER OF SHARES	CLASS	SER	IES	PAR VALUE OR STATE NO PAR V	/ALUE	
3000	Common			,01		
		-				
		•				
				property of the corporation to b		
located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)						
0 %						
11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation					oration	
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: Percentage obtained from worksheet.)						
0%	ı					

12. This application must be accompanied by a <u>Certificate of Good</u> formation dated within 60 days of the date of this filing.	od Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHEC	K ONE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days fro	m the date of filing)
Under penalty of perjury, I declare and affirm that I have examine accompanying attachments, and that all statements contained he	
Type or Print Name of Authorized Officer	Date
Nicholas Jordan	2/23/18
Signature of Authorized Officer of the Corporation	
SIGN DOCUME	NT HERE
- flag	

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BAERO NORTH AMERICA, 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 THIRTEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAERO NORTH AMERICA, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

CORPORATIONS DIV



4062195 8300 SR# 20182678364 Authentication: 202509932

Date: 04-13-18