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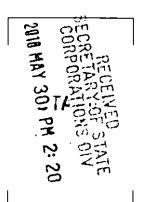


## **Articles of Incorporation**

**DOMESTIC Business Corporation** 

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator(s) of the corporation under RIGL 7-1,2-202,



adopt(s) the following Articles of Incorporatio	n for such corporation:		
1. The name of the corporation is:			
ELKarma Inc			
Is this a close corporation pursuant to R	IGL <u>7-1.2-1701</u> of the General Lav	ws, 1956, as amended? 💢 Yes 🔲 No	
2. The total number of shares which the cor (Unless otherwise stated, all authorized stated)	•		
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share	
If you desire, you may include a statement of voting rights, and the qualifications, limitations State any provisions here (optional):			
3. The name and address of the initial regis	tered agent/office in Rhode Island	l is:	
Agent Name M?lad Mik	CHail'		
Street Address (NOI a P.O. Box) RS	7		
City/Town Comberland	State RHODE	ISLAND Zip Code 2864	
4. The corporation has the purpose of enga or terminated in accordance with RIGL 7-1,3		shall have perpetual existence until dissolved	

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

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5. Additional provisions, if any, not inconsistent with RIGL <u>7-1.2</u> which the incorporators elect to have set forth in these Articles of Incorporation:				
	Check the b	oox to indicate an attachment		
The name and address of each incorporator is:	<u> </u>			
Name Milad MikHail	158 NORTH WO	ishington St AA49		
CityTown NORTH ATHLEBOYO	State MA	Zip Code 02760		
Name •	Address	(		
City/Town	State	Zip Code		
Name	Address			
City/Town	State	Zip Code		
7. Date when these Articles of Incorporation will be effective: CHECK ONE ONLY 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, I/we declare and affirm that I/we 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  Milad MikHail		Date 05-30-18		
Signature of Incorporator  SIGN DOGUMENT HERE				
Type or Print Name of Incorporator		Date		
Signature of Incorporator SIGN DOCUMENT HERE				
Type or Print Name of Incorporator		Date		
Signature of Incorporator SIGN D	OCUMENT HERE			

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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:

May 30, 2018 02:20 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

