

SECRETARY OF STATE CORPORATIONS DIV

Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator(s) of the corporation under RIGL <u>7-1.2-202</u>, adopt(s) the following Articles of Incorporation for such corporation:

1. The пате of the corporation is:			
TM Logistics	Inc	٠.	
Is this a close corporation pursuant to RIC	GL 7-1.2-1701 of the	General Laws 1956 /	an amandada (Z) y
(Unless otherwise stated, all authorized st	oration has the author	anida a dan dan ara	
Total Authorized Shares (Number of Shares)	Class of Stock		Par Value Per Share
1,000	Common		- 0 -
If you desire, you may include a statement of al voting rights, and the qualifications, limitations, State any provisions here (optional):		Check the	references, and rights, including the provisions of RIGL <u>7-1.2</u> . he box to indicate an attachment
3. The name and address of the initial register	red agent/office in Rh	ode Island is	
Agent Name Konn/d Delh	TomAS	10.0010	
Street Address (MOT a P.O. Box),	c Dre	المجال المراسد المالية المراسد المالية المراسد المالية المالية المالية المالية المالية المالية المالية المالية	
City/Town N. Prov	State	RHODE ISLAND	Zip Code 02911
 The corporation has the purpose of engagir or terminated in accordance with RIGL 7-1.2. 	ng in any lawful busing	ess, and shall have ρε	erpetual 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

JUN 28 2018

BY 333817

A.A. 12:10pm

FORM 100 - Revised: 11/2017

5. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Check the box to indicate an attachment [6. The name and address of each incorporator is: Name / Address City/Town State Zip Code Name Address 20 acheco

State

Address

State

7. Date when these Articles of Incorporation will be effective: CHECK ONE ONLY BOX

Date received (Upon filing)

City/Town

Name

City/Town

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 Insorporator

SIGN DOCUMENT HERE

Date

Zip Çode

Zip Code

Date

Name of Jacosporator

Signature of Incorporator

SIGN DOCUMENT HET ...

Type or Print Name of Incorporator

Date

Signature of Incorporator

SIGN DOCUMENT HERE