State of Rhode Island and Providence Plantation	15	٦		
Department of State - Business Services Division				C C C C C C C C C C C C C C C C C C C
o#			2018 AUG	RPER
Application for Certificate of Autho	rity		6 30	DRAG
FOREIGN Business Corporation	•		0 AM	
→ Filing Fee: \$310.00 minimum				
Pursuant to the provisions of RIGL <u>7-1.2-1405</u> , the u applies for a Certificate of Authority to transact busine for that purpose submits the following statement:	ndersigned foreign corporation h ess in the State of Rhode Island	ereby and	9: 53 	
1. The name of the corporation is:				
Bear Communications, Inc.				
2. It is incorporated under the laws of: Californ	ia			
3. The name, if different, which it elects to use in Rh	ode Island is:			
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:	of, then list the name of the corp	the word "corporatio oration with the add	on", "company lition of one of	the
(b) If the corporate name is not available in Rhode I: corporation will qualify and transact business in Rho filed with this application:	sland, then set forth below the fi de Island as stated in the "Fictiti	ctitious name under ous Business Nam	" which the e Statement" t	o be
4. The date of its incorporation is: 👔 12/5/1983				
And the period of its duration is: CHECK ONE BOX Perpetual (on-going)				
Date certain for dissolution				
5. The address of its principal office is: 🚱 4009 Distribution Drive Suite 200, Garland, Texas 75	041-6156			
6. The name and address of the initial registered ag	ent/office in Rhode Island:			
Agent Name C T Corporation System		·····		
Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway Suite 7A		<u> </u>	<u> </u>	
City/Town East Providence	State RHODE ISLAND	Zip Code 02914		
MAIL TO: Division of Business Services 148 W. River Street. Providence, Rhode Island 02904-2615	FILED			
Phone: (401) 222-3040 Website: www.sos.ri.gov	AUG 30 2018 KL ZQVZN			
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7. The purpose or purpo Sales, service and/or :				of business in Rhode Island are: 🕢 s)		
8. (a) The names and re state or country of which	spective addre	esses of its directo	ors (optional, unless	directors are required under the laws of the		
NAME				ADDRESS		
		4009 Distribution Drive Suite 200, Garland, Texas 75041				
	<u> </u>					
			· · · · · · · · · · · · · · · · · · ·	Check the box to indicate an attachment		
of the state or country of	spective addre f which it is inc	esses of its princip. orporated):	al officers (mandato	ory if directors are not required under the laws		
OFFICE		NAME		ADDRESS		
PRESIDENT	Mark Kroh		4009 Distribu	4009 Distribution Drive Suite 200, Garland, Texas 75041		
VICE PRESIDENT						
TREASURER	Gerald Noonan		4009 Distribut	4009 Distribution Drive Suite 200, Garland, Texas 75041		
SECRETARY	Gerald Noonan		4009 Distribut	4009 Distribution Drive Suite 200, Garland. Texas 75041		
				Check the box to indicate an attachment		
9. The aggregate number par value, and series, if a	er of shares wh any, within a cl	hich it has authority lass, is: 🚱	y to issue; itemized	by classes, par value of shares, shares without		
NUMBER OF SHARES	CLAS	S	SERIES	PAR VALUE OR STATE NO PAR VALUE		
1000	Common			No Par Value		
	<u>, , , , , , , , , , , , , , , , , </u>		<u></u>			
· · · · · · · · · · · · · · · · · · ·		<u> </u>				
	during the follo	wing year bears to	o the value of all pro	e of the property of the corporation to be operty of the corporation to be owned during sheet)		
%						
at or from places of busi	ness in Rhode	Island during the	following year comp	business to be transacted by the corporation bared to the gross amount thereof which will be btained from worksheet.)		

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12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Sta</u> formation dated within 60 days of the date of this filing.	tus from the state or country of			
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY 🚱				
Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing) 9/4/2018				
Under penalty of perjury. I declare and affirm that I have examined this Application for Cer accompanying attachments, and that all statements contained herein are true and correct	rtificate of Authority. including any			
Type or Print Name of Authorized Officer	Date			
Mark Kroh, President	8/29/18			
Signature of Addition				

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State of California

Secretary of State CERTIFICATE OF STATUS

ENTITY NAME:

BEAR COMMUNICATIONS, INC.

FILE NUMBER:C1217987FORMATION DATE:12/05/1983TYPE:DOMESTIC CORPORATIONJURISDICTION:CALIFORNIASTATUS:ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 21, 2018.

ALEX PADILLA Secretary of State

2018

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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:

August 30, 2018 09:53 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

