Filing and License Fee: \$310.00 minimum



Revised: 06/11

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

CRETARY OF STATE

APPLICATION FOR CERTIFICATE OF AUTHORITY

cor	porat		ansact business in the State of Rhode Island, and for that purpose submits	
1.	The	name of the corporation is Cambridge Select, Inc.	·	
2.	It is	It is incorporated under the laws of		
3.	The	The name, if different, which it elects to use in Rhode Island is:		
	(a)		n of incorporation does not contain the word "corporation", "company", reof, then list the name of the corporation with the addition of one of the	
	(b)		and, then set forth below the fictitious name under which the corporation will stated in the "Fictitious Business Name Statement" to be filed with this	
4.	The	date of its incorporation is 02/26/2013	and the period of its duration is perpetual	
5.	. The address of its principal office is 50 Terminal Street, suite 514, Charlestown, MA 02129			
		ne address of its proposed registered office in Rhode Island is 450 Veterans Memorial Highway, suite 7A		
6.	ıne	address of its proposed registered office in Rhode is	(Street Address, not P.O. Box)	
•	East Providence			
	East Providence, RI. 02914 and the name of its proposed registered agent in Rhode Island at			
	that	address is C T Corporation System	555	
			(Name of Agent)	
7.	The	The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
	Ret	Retail shoes, apparels, accessories, electronic shopping.		
		<u>·</u>		
8.	(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).			
		<u>Name</u>	<u>Address</u>	
	Dire	ctor		
	Oire	ctor		
	EII ED			
	Director FILEU			
	Dire	ctor	SEP 2 8 2018	
	Form	No. 150	SEP 2 8 2018 > TSA A 7	

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated). **Address** Name Alfredo Morales 50 Terminal Street, suite 514, Charlestown, MA 02129 President Vice President Treasurer Secretary The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is: Par Value or Statement that Number of Shares Series Shares are without Par Value Class 14,000,000 Common \$0.0001 10.030.000 \$0.0001 Preferred 10. (a) \$ 6,351,042 = An estimate of the value of all property to be owned by the corporation for the following year, wherever located. (b) \$ 0 = An estimate of the value of the corporation's property to be located within Rhode Island during the following year. % = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of (c) the corporation to be 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. {divide (b) by (a) and multiply by 100 to obtain the percentage} 11. (a) \$ 35,000,000 = An estimate of the gross amount of business to be transacted by the corporation during the following year. (b) \$ 145,000 = An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year. % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be (c) transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. (divide (b) by (a) and multiply by 100 to obtain the percentage) 12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.

<u> · · ^ · </u>
Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.
Signature of Arthory of Officer of the Companion

13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later

than the

Date: 9/21/1

Affredo Morales - President

Type or Print Name of Authorized Officer

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CAMBRIDGE SELECT, 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 NINETEENTH DAY OF SEPTEMBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2018 SEP 28 AMII: 51

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SR# 20186739561

Authentication: 203454702

Date: 09-19-18

You may verify this certificate online at corp.delaware.gov/authver.shtml