State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV
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Application for Certificate of Authority
FOREIGN Business Corporation

→ Filing Fee: $310.00 minimum

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:

1. The name of the corporation is:

Brandt Hospitality Group, Inc.

2. It is incorporated under the laws of: **North Dakota**

3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island.

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is: **8/11/2017**

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And the period of its duration is: **CHECK ONE BOX ONLY**

☑ Perpetual (on-going)

☐ Date certain for dissolution _____

5. The address of its principal office is:

2640 47th St S, Fargo ND 58104

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name **CT Corporation System**

Street Address (NOT a P.O. Box) **450 Veterans Memorial Pkwy, Ste 7A**

City/Town	State	Zip Code
~~Providence County~~ **East Providence**	**RHODE ISLAND**	**02914**

MAIL TO:
Division of Business Services
148 W. River Street. Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

10:31

FILED
OCT 31 2018
BY 093161H

FORM 150 - Revised 12/2017

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

General Business Purpose

Hotel Development and Management

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):

NAME	ADDRESS
Ace A. Brandt	**4650 26th Ave S, Ste E, Fargo ND 58104**

Check the box to indicate an attachment ☐

8. (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).

OFFICE	NAME	ADDRESS
PRESIDENT	**Ace Brandt**	**4650 26th Ave S, Ste E, Fargo ND 58104**
VICE PRESIDENT	**Steve Martodam**	**2640 47th St S, Fargo ND 58104**
TREASURER	**Michael Vannett**	**4650 26th Ave S, Ste E, Fargo ND 58104**
SECRETARY	**Robert McConn, Jr**	**2640 47th St S, Fargo ND 58104**

Check the box to indicate an attachment ☐

9. 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:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1000	**Common**		**$1.00**

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of 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. *(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 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.)*

15.4 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

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)_____

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.

Type or Print Name of Authorized Officer	Date
Robert McConn, Jr	**10/12/2018**

Signature of Authorized Officer of the Corporation

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

State of North Dakota

SECRETARY OF STATE

CERTIFICATE OF GOOD STANDING
OF

BRANDT HOSPITALITY GROUP, INC.

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that BRANDT HOSPITALITY GROUP, INC. , a North Dakota BUSINESS CORPORATION, was incorporated in this office on August 11, 2017 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota BUSINESS CORPORATION.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

BRANDT HOSPITALITY GROUP, INC.

Issued: October 9, 2018

Alvin A. Jaeger
Secretary of State

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:

October 31, 2018 10:31 AM

Nellie M. Gorbea
Secretary of State