R.I. DEPT. OF STATE BUS SVCS DIV

## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, 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:						
Outbox Systems, Inc.						
2. It is Incorporated under the laws of: Delaware						
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 filled with this application:						
4. The date of its incorporation is: 09/12/2014						
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:						
9350 S 150 E, Suite 220, Sandy, UT 84070						
6. The name and address of the initial registered agent/office in Rhode Island:						
Agent Name National Registered Agents, Inc.						
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A						
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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
Consulting and implementation of Salesforce.com and Oracle Configure / Price / Quote (CPQ) programs, along with other cloud based services or contract lifecycle management services Notwithstanding the foregoing, the purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized to do business under the laws of its jurisdiction of incorporation.					
8. (a) The names and restate or country of which			otlonal, unless dir	ectors are required under the laws of the	
NAME			ADDRESS		
Ryan Westwood	9350 S 150 E. STE 220,		SANDY, UT 84070		
Isaac Westwood		9350 S 150 E, Suite 220, Sandy, UT 84070			
Travis Johnson		9350 S 150 E, Suite 220, Sandy, UT 84070			
Kent Madsen		9350 S 150 E, Suite 220, Sandy, UT 84070			
				Check the box to indicate an attachment	
8. (b) The names and re- of the state or country of			icers (mandatory	if directors are not required under the laws	
OFFICE		NAME	ADDRESS		
PRESIDENT	Isaac Westwo	ood	9350 S 150 E, Suite 220 Sandy, UT 84070		
VICE PRESIDENT					
TREASURER	Paul Fletcher		9350 S 150 E, Suite 220, Sandy, UT 84070		
SECRETARY	Ryan Westwood		9350 S 150 E. Suite 220, Saudy, UT 84070		
				Check the box to indicate an attachment X	
9. The aggregate number par value, and series, if			ssue; itemized by	classes, par value of shares, shares without	
NUMBER OF SHARES	ÇLAS	6S	SERIES	PAR VALUE OR STATE NO PAR VALUE	
27,000,000	Common			\$0.0010	
9,631,654	Preferred			\$0.0010	
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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.)					
%					
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.)					

12. This application must be accompanied by a Certificate of Good State formation dated within 60 days of the date of this filing.	inding/Letter of Status from the state or country of			
13. Date when the Certificate of Authority will be effective: CHECK ON	E 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 accompanying attachments, and that all statements contained herein a				
Type or Print Name of Authorized Officer	Date			
RYAN WESTWOOD	11/15/18			
Signature of Authorized Officer of the Corporation				

## Attachment to Rhode Island Officers & Directors

1 Full Name: Ryan Westwood Officer/Director: Officer, Director

Officer's Title: Chief Executive Officer
Business Address: 9350 S 150 E, STE 220

City: SANDY State: UT ZIP Code: 84070

2 Full Name: Isaac Westwood Officer/Director: Officer,Director

Officer's Title: Chlef Operating Officer
Business Address: 9350 S 150 E, Sulte 220

City: Sandy
State: UT
ZIP Code: 84070



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

DELAWARE, DO HEREBY CERTIFY "OUTBOX SYSTEMS, 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 TWENTY-FIRST DAY OF NOVEMBER, 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 SAID "OUTBOX SYSTEMS, INC." WAS INCORPORATED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2014.

Authentication: 203947417

Date: 11-21-18