CORFORATIONS 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: | · · · · · · · · · · · · · · · · · · · | | | | | |
|--|---------------------------------------|-------------------|--|--|--|--|
| BATTERY SYSTEMS, INC. | | | | | | |
| | | | | | | |
| 2. It is incorporated under the laws of: California | | | | | | |
| 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: 3/11/2003 | | | | | | |
| And the period of its duration is: CHECK ONE BOX ONLY ** X Perpetual (on-going) | | | | | | |
| Date certain for dissolution | | | | | | |
| 5. The address of its principal office is: 🚱 | | | | | | |
| 12322 Monarch St, Garden Grove, California 92841 | | | | | | |
| 6. The name and address of the initial registered agent/office in Rhode Island: 🚱 | | | | | | |
| Agent Name Business Filings International, Inc. | | | | | | |
| Street Address (<u>NOT</u> 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 FILEI

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FOPM 150 Revised 12 2017

| 7. The purpose or purpo Wholesale Distribution | | oposes to pursu | ue in the tra | ansaction of b | business in Rhode Island are: 🚱 | |
|--|------------------------------------|------------------|----------------|--|--|--|
| 8. (a) The names and restate or country of which | | | ctors (optio | nal, unless di | lirectors are required under the laws of the | |
| NAME | | | | Al | DDRESS | |
| Bradley Streelman 12322 Monarch St, | | h St, Garde | | | | |
| | | | · | | | |
| | | | <u></u> | | | |
| | | | | | | |
| | | | | | | |
| | | | | | Check the box to indicate an attachment | |
| 8. (b) The names and re of the state or country of | | | cipal officer | s (mandatory | y if directors are not required under the laws | |
| OFFICE | NAME | | | ADDRESS | | |
| PRESIDENT | Bradley Streelman | | 12 | 12322 Monarch St, Garden Grove, California 92841 | | |
| VICE PRESIDENT | Bradley Streelman | | 12 | 12322 Monarch St, Garden Grove, California 92841 | | |
| TREASURER | Bradley Streelman | | | 12322 Monarch St, Garden Grove, California 92841 | | |
| SECRETARY | Bradley Streelman | | 1: | 12322 Monarch St, Garden Grove, California 92841 | | |
| | <u> </u> | | | | Check the box to indicate an attachment | |
| 9. The aggregate number par value, and series, if | | | ority to issue | e; itemized by | y classes, par value of shares, shares without | |
| NUMBER OF SHARES 100,000 | CLAS | s | SE | RIES | PAR VALUE OR STATE NO PAR VALUE 0 | |
| | | | | | | |
| | during the followever located. (I | wing year bears | s to the val | ue of all prop | of the property of the corporation to be perty of the corporation to be owned during theet | |
| at or from places of busi | iness in Rhode ration during th | Island during th | he following | year compa | usiness to be transacted by the corporation ared to the gross amount thereof which will be tained from worksheet.) | |

Attachment to Application for Authority For BATTERY SYSTEMS, INC.

8b. Additional officers:

CEO: Bradley Streelman, 12322 Monarch St, Garden Grove, California 92841 CFO: Bradley Streelman, 12322 Monarch St, Garden Grove, California 92841

| 12. This application must be accompanied by a <u>Certificate of Good Standing/</u> formation dated within 60 days of the date of this filing. | etter of Status from the state or country of | |
|---|--|--|
| 13. Date when the Certificate of Authority will be effective: CHECK ONE BOX | ONLY 🚱 | |
| X Date received (Upon filing) | | |
| Later effective date (Date must be no more than 90 days from the date o | f filing) | |
| Under penalty of perjury. I declare and affirm that I have examined this Applic accompanying attachments, and that all statements contained herein are true | ation for Certificate of Authority, including any and correct. | |
| Type or Print Name of Authorized Officer | Date | |
| Bradley Streelman, President | 4.5.19 | |
| Signature of Authorized Office of the Corporation | | |

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

BATTERY SYSTEMS, INC.

FILE NUMBER:

C2510256

FORMATION DATE:

03/11/2003

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

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 March 29, 2019.

> ALEX PADILLA Secretary of State