



Department of State - Business Services Division

2019 APR 15 AM 11:19
SECRETARY OF STATE
CORPORATE SERVICES

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:

Protelo, 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: **01/01/2008**

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:

PO Box 713, Big Horn, WY 82833

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

Agent Name **Registered Agents, Inc.**

Street Address (NOT a P.O. Box) **One Richmond Square, Ste 125B**

City/Town **Providence**

State **RHODE ISLAND**

Zip Code **02908**

2019 MAY - 7 AM 11:08
SECRETARY OF STATE
CORPORATE SERVICES

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

MAY 07 2019

BY V3MVR

FORM 150 - Revised: 12/2017

A.A. 11:08 A.M.

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

To provide software consulting services

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
Lars Christer Johansson	PO Box 713, Big Horn, WY 82833

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	Lars Christer Johansson	PO Box 713, Big Horn, WY 82833
VICE PRESIDENT	Tom Victor	340 Palladio Parkway, Ste 520, Folsom, CA 95630
TREASURER	Aimee Aguilar	340 Palladio Parkway, Ste 520, Folsom, CA 95630
SECRETARY	Lars Christer Johansson	PO Box 713, Big Horn, WY 82833

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
50,000			No par value

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.)

2 %

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

Aimee J Aguilar

Date

04/10/2019

Signature of Authorized Officer of the Corporation

Aimee Aguilar

SIGN DOCUMENT HERE

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME:

PROTELO, INC.

FILE NUMBER: C3061442
FORMATION DATE: 01/01/2008
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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2019 APR 15 AM 11:19

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.

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CORPORATIONS DIV
2019 MAY 7 AM 11:09



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 08, 2019.

ALEX PADILLA
Secretary of State

DLS



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:

May 07, 2019 11:08 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

