RI SOS Filing Number: 201908450700 Date: 7/30/2019 12:00:00 PM

ID Number: 162381 No Filing Fee (See Instructions) 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 APPLICATION FOR TRANSFER OF AUTHORITY Midas International, LLC (Insert full name of the entity following the transfer) SECTION I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned duly qualified foreign (check one box only). Non-Profit Corporation or Business Corporation or Limited Liability Company or Limited Partnership or Limited Liability Partnership submits the following Application for the purpose of transferring its authority to a (check one box only): Limited Liability Company or Limited Partnership or **Business Corporation or** Limited Liability Partnership or Non-Profit Corporation a. The name of the entity filing this application for transfer is: **Midas International Corporation** b. The date on which the entity filing this application qualified to conduct business in the State of Rhode Island. 03-13-2007 The jurisdiction upon transfer of authority: d. The name of the entity following the transfer of authority is: Midas International, LLC e. The application for transfer is filed as an accompanying certificate to the LL certificate of registration for a limited partnership or 🗸 application for registration for a limited liability company or 🔲 application for certificate of authority for a business corporation or application for certificate of authority for a non-profit corporation or \_\_l notice of registration for a registered limited liability partnership (*check one box only*). f. The application for transfer is accompanied by a certificate of good standing or legal existence issued by the proper officer of the state or country under the laws of which it is incorporated.

Form 612 05/12 JUL 3 0 2019 12:00 BY On QF/01 Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date: July 23, 2019		
Print Name of Other Entity	<u> </u>	Print Name of Partnership
By: Signature of Authorized Person	_	By:Signature of Partner
By: Signature of Authorized Person		By:Signature of Partner
		By:Signature of Partner
Midas International Corporation		
Print Name of Corporation  By:	<u>OR</u>	Print Name of Limited Liability Company  By:
Signature of Authorized Person	-	By:Signature of Authorized Person
By:Signature of Authorized Person	-	By:Signature of Authorized Person

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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:

July 30, 2019 12:00 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

