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**Certificate of Authority**  
 FOREIGN 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: <b>Kerestes-Martin Associates, Inc.</b>		
2. It is incorporated under the laws of: <b>Pennsylvania</b>		
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: <b>01/01/1997</b>		
And the period of its duration is: <b>CHECK ONLY ONE BOX</b> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5 The address of its principal office is: <b>104 Broadway Street Carnegie, PA 15106</b>		
6. The name and address of the initial registered agent/office of in Rhode Island:		
Agent Name <b>Legalinc Corporate Services Inc.</b>		
Street Address ( <u>NOT</u> a P.O. Box) <b>222 Jefferson Blvd. Suite 200</b>		
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02888</b>

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

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

**Sign Design and Installation Standard, Experiential Graphic Design**

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
Barbara Martin	1221 Linden Vue Dr. Canonsburg, PA 1537
David W. Kosick	528 Chaparral Dr. Cranberry Twp, PA 16066

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	David Kosick	528 Chaparral Drive Cranberry Township, PA 16066
CEO	Barbara Martin	1221 Linden Vue Dr. Canonsburg, PA 15317
TREASURER	Barbara Martin	1221 Linden Vue Dr. Canonsburg, PA 15317
SECRETARY	David Kosick	528 Chaparral Dr. Cranberry Township, PA 16066

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
2000	Common		\$150 per share

10 (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:

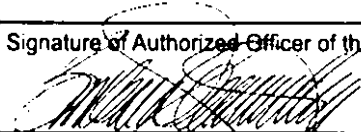
\$ 100,000

(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year

\$ 0.00

(c) Estimate, as a percentage, 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: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.*

0 %

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.  <div style="text-align: center;">\$ <u>1,200,000.00</u></div>	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.  <div style="text-align: center;">\$ <u>120,000.00</u></div>
(c) Estimate, <b>as a percentage</b> , 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. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i>  <div style="text-align: center;"><u>10</u> %</div>	
12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.	
13. Date when the Certificate of Authority will be effective: <b>CHECK ONLY ONE BOX</b>	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____	
<i>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.</i>	
Type or Print Name of Authorized Officer <b>Barbara J. Martin</b>	Date <b>10/11/18</b>
Signature of Authorized Officer of the Corporation  <div style="text-align: center;"><b>SIGN DOCUMENT HERE</b></div>	

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](mailto:corporations@sos.ri.gov).

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

10/17/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

KERESTES - MARTIN ASSOCIATES, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Katly Bookman*

Acting Secretary of the Commonwealth

Certification Number: TSC191017090300-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

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