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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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:

a the name of the corporation is:				
M-Mover Holdings USA, 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 o "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:	f incorporation does not contain of, then list the name of the corp	the word "corporation", "company", poration with the addition of one of the		
(b) If the corporate name is not available in Rhode I corporation will qualify and transact business in Rho filed with this application:	sland, then set forth below the f ode Island as stated in the "Ficti	ictitious name under which the . tious Business Name Statement" to be		
4. The date of its incorporation is: July 7, 2017				
And the period of its duration is: CHECK ONE BOX	(ONLY	<u> </u>		
Date certain for dissolution				
5. The address of its principal office is:				
8041-J Arrowr	idge Blvd. Charlotte, NC 2	8273		
6. The name and address of the initial registered ag	ent/office in Rhode Island:			
Agent Name	ENCY GLOBAL INC.	· · · · · · · · · · · · · · · · · · ·		
Street Address (NOT a P.O. Box)	lefferson Boulevard			
	· · · · · · · · · · · · · · · · · · ·			
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		

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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FORM 150 - Revised: 12/2017

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A OWNER AND		roposes to pursue in the transaction of business in Rhode Island are: Material handling equipment supplier		
8. (a) The names and re state or country of which	spective addre	esses of its director: ited):	s (optional, unless directors are required under the laws of	the
NAME		ADDRESS		
Andrew De	lve	8041-J Arrowridge Blvd. Charlotte, NC 28273		
Richard Holmes			J Arrowridge Blvd. Charlotte, NC 28273	
Emma Lindsay		8041-J Arrowridge Blvd. Charlotte, NC 28273		
ייניקייניייזאווגאי נאו				
(b) The names and re	sporting addre		Check the box to indicate an attachme	ent [
of the state or country of	which it is inc	orporated):	officers (mandatory if directors are not required under the	เลิพร
OFFICE		NAME	ADDRESS	
PRESIDENT			· · ·	.
	Hu	igh Freer	8041-J Arrowridge Blvd. Charlotte, NC 2	827
	And	rew Owen	8041-J Arrowridge Blvd. Charlotte, NC 2	
TREASURER	Jan	nes Jones	8041 Arrowridge Blud, Charlette, NO.2	-
SECRETARY			8041-J Arrowridge Blvd. Charlotte, NC 2	827
·	Jan	nes Jones	8041-J Arrowridge Blvd. Charlotte, NC 2	*. 827
			Check the hox to indicate an attachm	0.01
). The aggregate numbe	r of shares wh	ich it has authority	to issue; itemized by classes, par value of shares, shares v	vithou
par value, and series, if a NUMBER OF SHARES				₩.
5000	CLAS	-	SERIES PAR VALUE OR STATE NO PAR VAL	JUE
	Comn	<u>non</u>	\$1.00	
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·	<u></u>	<u></u> _		<u>.</u>
	<u> </u>			:
- SECRETARY				<u>3</u>]
				<u></u>
cated within this state d	luring the follo	19 proportion that the wind year bears to t	ne estimated value of the property of the corporation to be the value of all property of the corporation to be owned dur	8
ne following year, where	ver located. (/	Vote: Percentage of	btained from worksheet.)	iila
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0 (zero)	rcentage, of t	he proportion of the	aross amount of husiness to be the	.U.
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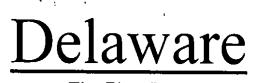
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12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from formation dated within 60 days of the date of this filing.	n the state or country of
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	· · · · · · · · · · · · · · · · · · ·
Date received (Upon filing)	
Leter 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 Date	
	2/20/2020
Signature of Authorized Officer of the Corporation	
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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.

FORM 150 - Revised: 12/2017

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "M-MOVER HOLDINGS USA 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 FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "M-MOVER HOLDINGS USA INC." WAS INCORPORATED ON THE SEVENTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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6470883 8300 SR# 20201348263 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202433404 Date: 02-21-20

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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:

February 21, 2020 12:27 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

