RI SOS Filing Number: 202036282490 Date: 3/12/2020 12:58:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS BY

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2020 MAR 12 PM 12: 58

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-</u> applies for a Certificate of Authority to transfor that purpose submits the following states		
1. The name of the corporation is:		
VIBRANT PROVISIONS	CO.	
2. It is incorporated under the laws of:	Delaware	**************************************
3. The name, if different, which it elects t	o use in Rhode Island is:	

"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:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company",

(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.

And the period of its duration is:	CHECK ONE BOX ONLY

Perpetual (on-going)

Date certain for dissolution

4. The date of its incorporation is:

The address of its principal office is:

9 Boxwood Court, Barrington RI 02806

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

Agent Name Christian Jensen

Street Address (NOT a P.O. Box) 9 Boxwood Court

December 4, 2019

City/Town Barrington

State

RHODE ISLAND

Zip Code 02806

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 150 - Revised 12/2017

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
Distribution of packaged food items						
8. (a) The names and restate or country of which			s (optional, unless o	directors are required under the laws of the		
NAME			,	ADDRESS		
Christian Jensen 9 Boxwood Cou		t, Barrington RI 02	2806			
Sotiris Kitrilakis 41 North Vuelta Herra		lerradura, Santa F	Fe NM 87506-1123			
Robert R. Outis 1320		1320 Solano Ave	1320 Solano Avenue, Ste 203, Albany CA 94706			
	_					
				Check the box to indicate an attachment		
8. (b) The names and re of the state or country of			l officers (mandator	ry if directors are not required under the laws		
OFFICE	NAME			ADDRESS		
PRESIDENT	Christian Jensen		9 Boxwood (9 Boxwood Court, Barrington RI 02806		
VICE PRESIDENT						
TREASURER	Christian Je	Christian Jensen		9 Boxwood Court, Barrington RI 02806		
SECRETARY	Robert Outis		1320 Solano	1320 Solano Ave, Ste 203, Albany CA 94706		
		-		Check the box to indicate an attachment		
9. The aggregate numb par value, and series, if			to issue; itemized t	by classes, par value of shares, shares without		
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE		
1,000,000	Common			\$0.01		
			,-	_		
	. <u></u>					
	during the foll	owing year bears to	the value of all pro	of the property of the corporation to be perty of the corporation to be owned during theet.)		
1						
, % %	ó 					
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. (<i>Note: Percentage obtained from worksheet.</i>)						
5 %	,					

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of State</u> formation dated within 60 days of the date of this filing.	atus from the state or country of			
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 Ce accompanying attachments, and that all statements contained herein are true and correct				
Type or Print Name of Authorized Officer	Date			
Christian Jensen	February <u>4</u> , 2020			
Signature of Authorized Officer of the Corporation	- .			
C.De SIGN DOCUMENT HERE				



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VIBRANT PROVISIONS CO." 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 SIXTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIBRANT

PROVISIONS CO." WAS INCORPORATED ON THE FOURTH DAY OF DECEMBER,

A.D. 2019.

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

SECRETARY OF STATE CORFORATIONS DIV



Authentication: 202203449

Date: 01-16-20

7721567 8300 SR# 20200333700 RI SOS Filing Number: 202036282490 Date: 3/12/2020 12:58:00 PM



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:

March 12, 2020 12:58 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

