State of Rhode Island and Providence Plantation Department of State - Business Se					
Application for Certificate of Autho FOREIGN Business Corporation	rity		Sitt		ט -
→ Filing Fee: \$310.00 minimum				APR .	
Pursuant to the provisions of RIGL <u>7-1.2-1405</u> , the unapplies for a Certificate of Authority to transact busing for that purpose submits the following statement:				2 <b>ح ک</b> <u>مرد ک</u> 2 ک	TOFED
1. The name of the corporation is:					- - -
Universal Connectivity, Inc.				$\sim$	
2. It is incorporated under the laws of: Delaware	e				
3. The name, if different, which it elects to use in Rh	node Island is:	i			
(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:					
(b) If the corporate name is not available in Rhode I corporation will qualify and transact business in Rho filed with this application:				<sup>°</sup> to be	
4. The date of its incorporation is: 2-8-1995					
And the period of its duration is: CHECK ONE BOX Perpetual (on-going)	CONLY				
Date certain for dissolution	·····	<u></u>			
5. The address of its principal office is:					
8 N Main St, Suite 2, West Hartford, CT 06107					
6. The name and address of the initial registered ag	ent/office in Rhode Island:				
Agent Name C T Corporation System					
Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Me	morial Parkway Suite 7A				
City/Town East Providence	State RHODE ISLAND	Zip Code 0291	14		
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-261 Phone: (401) 222-3040 Website: www.sos.ri.gov	5	APF BY	3:22 ILED 2020 E7CC	EX	

7. The purpose or purpo	oses which it p	roposes to pursue	e in the transaction	on of business in Rhode Island are:		
Telecommunications services and systems and all related hardware and software.						
8. (a) The names and restate or country of which			ors (optional, unl	ess directors are required under the laws of the		
NAME		ADDRESS				
James Smith	8 N Main St, Suite		lite 2, West Harl	tford, CT 06107		
Heather Munigle 8 N Main St, Suit		uite 2, West Hart	tford, CT 06107			
				Check the box to indicate an attachment		
8 (b) The names and re	espectivo addr	assas of its princip	nal officers (man	datory if directors are not required under the laws		
of the state or country of			par unicers (man	datory in directors are not required under the taws		
OFFICE	NAME			ADDRESS		
PRESIDENT						
	James Smit	n	8 N Mair	n St, Suite 2, West Hartford, CT 06107		
VICE PRESIDENT						
TREASURER						
SECRETARY	Heather Munigle		8 N Mair	1 St, Suite 2, West Hartford, CT 06107		
·	<u> </u>		<b>I</b>	Check the box to indicate an attachment		
9. The aggregate numb par value, and series, if			ity to issue; itemi	zed by classes, par value of shares, shares without		
NUMBER OF SHARES	CLAS	SS	SERIES	PAR VALUE OR STATE NO PAR VALUE		
3000	Common			<b>\$</b> .10		
				<u> </u>		
	during the foll	owing year bears	to the value of a	value of the property of the corporation to be Il property of the corporation to be owned during vorksheet.)		
0		5				
%	I					
11 An estimate as a n	ercentane of	the proportion of	the gross amour	t of husiness to be transacted by the comporation		
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> )						
1%	-					

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Signature of Authorized Officer of the Corporation					
James Smith	4-15-2020				
Type or Print Name of Authorized Officer	Date				
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.					
Later effective date (Date must be no more than 90 days from the date of filing)					
✓ Date received (Upon filing)					
13. Date when the Certificate of Authority will be effective: CHEC					
12. This application must be accompanied by a <u>Certificate of Goc</u> formation dated within 60 days of the date of this filing.	d Standing/Letter of Status from the state or country of				

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNIVERSAL CONNECTIVITY, 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 THIRD DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNIVERSAL CONNECTIVITY, INC." WAS INCORPORATED ON THE EIGHTH DAY OF FEBRUARY, A.D. 1995.

> RECEIVED R.I. DEPT OF STATE BUS SYCS DIV 1010 APR 20 P 3: 22



Authentication: 202509344 Date: 03-03-20

2478987 8300 SR# 20201884251 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1



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:

April 20, 2020 03:22 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

