



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

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV.
 2020 JUN 29 - PM 2:59

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: The Peach Brothers, Inc.					
2. It is incorporated under the laws of: Tennessee					
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: 01/10/2020 And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____					
5. The address of its principal office is: 2470 PALOMAR CIR APT A12, COLUMBIA, TN 38401-6239 USA					
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Northwest Registered Agent, LLC Street Address (NOT a P.O. Box) 47 Wood Ave Suite 2 <table border="1"> <tr> <td>City/Town Barrington</td> <td>State RHODE ISLAND</td> <td>Zip Code 02806</td> </tr> </table>			City/Town Barrington	State RHODE ISLAND	Zip Code 02806
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

FILED

JUN 29 2020
 BY *[Signature]* 2044
 2:59

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

FRUIT SALES

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
Jason Clark	2470 Palomar Cir, Apt. 12 Columbia TN 38401

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	Jason Clark	2470 Palomar Cir, Apt. 12 Columbia TN 38401
VICE PRESIDENT		
TREASURER	Jason Clark	2470 Palomar Cir, Apt. 12 Columbia TN 38401
SECRETARY	Jason Clark	2470 Palomar Cir, Apt. 12 Columbia TN 38401

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
100,000	Common		No Par Value

10. An estimate, as a percentage, of 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: Percentage obtained from worksheet.)

0 %

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. (Note: Percentage obtained from worksheet.)

2 %

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date 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	Date
Jason Clark, President	6/22/2020
Signature of Authorized Officer of the Corporation	
	SIGN DOCUMENT HERE



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee

312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

REPORTS TEAM

30 N GOULD
SHERIDAN, WY 82801

June 18, 2020

Request Type: Certificate of Existence/Authorization

Request #: 0369515

Issuance Date: 06/18/2020

Copies Requested: 1

Document Receipt

Receipt #: 005612064

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3783796879

\$20.00

Regarding: The Peach Brothers, Inc.

Filing Type: For-profit Corporation - Domestic

Formation/Qualification Date: 01/10/2020

Status: Active

Duration Term: Perpetual

Business County: MAURY COUNTY

Control #: 1072155

Date Formed: 01/10/2020

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

The Peach Brothers, Inc.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 040208928



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:

June 29, 2020 02:59 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

