

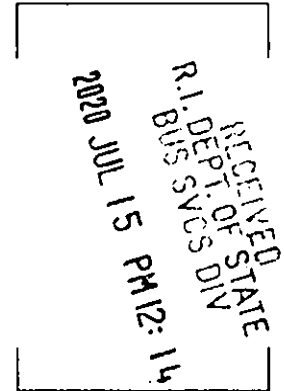


State of Rhode Island and Providence Plantations

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 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: 3H Agent Services, Inc.		
2. It is incorporated under the laws of: Wyoming		
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: 04/16/2007		
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: 1201 N. Orange Street, Suite 710, Wilmington, DE 19801-1186		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name Wolpert & Associates, Inc.		
Street Address (NOT a P.O. Box) 10 Dorrance Street, Suite 530		
City/Town Providence	State RHODE ISLAND	Zip Code 02903

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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JUL 15 2020 *12:14*
 BY *CA* *AC066*

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

Business and Registered Agent Services.

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
Elizabeth Harker	6 Clement Avenue, Saratoga Springs, NY 12866
Gary Harker	6 Clement Avenue, Saratoga Springs, NY 12866

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	Elizabeth Harker	6 Clement Avenue, Saratoga Springs, NY 12866
VICE PRESIDENT	Gary Harker	6 Clement Avenue, Saratoga Springs, NY 12866
TREASURER	Elizabeth Harker	6 Clement Avenue, Saratoga Springs, NY 12866
SECRETARY	Gary Harker	6 Clement Avenue, Saratoga Springs, NY 12866

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
25,000			\$0.01

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.)

0 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status 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**

☒ 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 Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

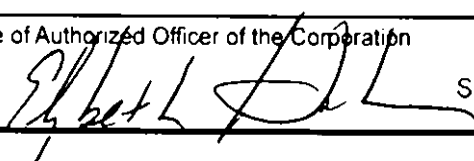
Type or Print Name of Authorized Officer

Elizabeth Harker, President

Date

7/13/2020

Signature of Authorized Officer of the Corporation



SIGN DOCUMENT HERE

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

3H Agent Services, Inc.

is a

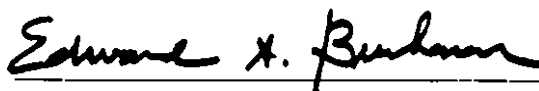
Profit Corporation

formed or qualified under the laws of Wyoming did on **April 16, 2007**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2007-000536629**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of July, 2020 at 7:14 AM. This certificate is assigned ID Number 037818533.




Secretary of State

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 JUL 15 PM 12:14

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.



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:

July 15, 2020 12:14 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

