State of Rhode Island
Department of State - Business Services Division

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Application for Certificate of Conversion

DOMESTIC Business Corporation, Limited Partnership, Limited Liability Partnership or Limited Liability Company

→ No Filing Fee

Pursuant to the applicable provisions of RIGL 7-1.2-1007, 7-13-8.1 and 7-16-5.1, the undersigned submits the following Certificate of Conversion.

1. Entity ID Number.	2. The full name of the converting entity is: MR. ASHLEY I INC.
3. It is formed under the jurisdiction of: CALIFORNIA	4. The date of formation is: 7/25/2018
5. The jurisdiction to which the entity is converting: **RHODE ISLAND**	

6. The structure of the converting entity is: **CHECK ONE BOX ONLY**

- [x] Business Corporation
- [ ] Limited Liability Company
- [ ] Partnership (General, Limited, or Limited Liability Partnership)
- [ ] "Other entity"
- [ ] Sole Proprietorship

7. The structure of the entity following conversion will be: **CHECK ONE BOX ONLY**

- [x] Business Corporation
- [ ] Limited Liability Company
- [ ] Limited Partnership
- [ ] Limited Liability Partnership

8. The name of the entity following the conversion is:
MR. ASHLEY I INC.

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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9 This certificate of conversion and accompanying certificate of formation have been approved by the converting entity in the manner provided for in RIGL 7-1.2-1007, 7-13-8.1 and 7-16-5.1.

10. This certificate of conversion is filed as an accompanying certificate to. **CHECK ONE BOX ONLY**

- [x] Business Corporation Articles of Incorporation
- [ ] Limited Liability Company Articles of Organization
- [ ] Registration for Limited Liability Partnership
- [ ] Certificate of Limited Partnership

11. Date when this Certificate of Conversion will be effective: **CHECK ONE BOX ONLY**

- [x] Date received (Upon filing)
- [ ] Later effective date _____

Under penalty of perjury, we declare and affirm that we have examined this Certificate of Conversion, including any accompanying attachments, and that all statements contained herein are true and correct

Type or Print Name of Converting Entity	
MR. ASHLEY I INC.	
Type or Print Name of Person Signing	**Title of Person Signing**
JARED HAIBON	DIRECTOR
Signature	**Date**
[signature]	5-11-2021
Type or Print Name of Person Signing	**Title of Person of Signing**
Signature	**Date**

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.

RI SOS Filing Number: 202197350630 Date: 6/1/2021 3:09:00 PM

State of Rhode Island

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, 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 01, 2021 03:09 PM

Nellie M. Gorbea
Secretary of State