



**State of Rhode Island
Office of the Secretary of State**

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Corporation
Application for Certificate of Authority**

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is TT of First Mile Services, Inc.

SECTION II

It is incorporated under the laws of State: IL Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR**

(b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 12/3/2015

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 505 S. FLAGLER DR., SUITE 700

City or Town: WEST PALM BEACH

State: FL

Zip: 33401

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 450 VETERANS MEMORIAL PARKWAY
SUITE 7A

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

and the name of its proposed registered agent in Rhode Island at that address is C T CORPORATION SYSTEM

SECTION VII

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

ADMINISTRATION OF AUTOMOTIVE WARRANTY PRODUCTS.

SECTION VIII

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MATT JOFFE	505 S. FLAGLER DR., SUITE 700 WEST PALM BEACH, FL 33401 USA
TREASURER	MATT JOFFE	505 S. FLAGLER DR., SUITE 700 WEST PALM BEACH, FL 33401 USA
SECRETARY	MATT MODIST	505 S. FLAGLER DR., SUITE 700 WEST PALM BEACH, FL 33401 USA
DIRECTOR	MATT JOFFE	505 S. FLAGLER DR., SUITE 700 WEST PALM BEACH, FL 33401 USA

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MATT JOFFE	505 S. FLAGLER DR., SUITE 700 WEST PALM BEACH, FL 33401 USA
TREASURER	MATT JOFFE	505 S. FLAGLER DR., SUITE 700 WEST PALM BEACH, FL 33401 USA
SECRETARY	MATT MODIST	505 S. FLAGLER DR., SUITE 700 WEST PALM BEACH, FL 33401 USA
DIRECTOR	MATT JOFFE	505 S. FLAGLER DR., SUITE 700 WEST PALM BEACH, FL 33401 USA

SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CNP			\$0.0000	100.00

Signed this 16 Day of January, 2023 at 10:05:16 AM by the officers(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By MATT JOFFE, PRESIDENT
Signature of Authorized Officer of the Corporation



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TT OF FIRST MILE SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 03, 2015, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 17TH
day of NOVEMBER A.D. 2022 .***

Jesse White

SECRETARY OF STATE



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

January 16, 2023 10:04 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

