



**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 TABLET SOLUTION INC

SECTION II

It is incorporated under the laws of State: TN 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 2/20/2013

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 6110 WILD OAKS DR

City or Town: MEMPHIS

State: TN

Zip: 38120

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 601 CRANSTON ST

City or Town: PROVIDENCE

State: RI

Zip: 02909

and the name of its proposed registered agent in Rhode Island at that address is TAREQ YOUNIS

SECTION VII

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

RETAIL SALE OF CELLULAR PHONES

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	TAREQ YOUNIS	601 CRANSTON ST PROVIDENCE, RI 02909 USA
DIRECTOR	TAREQ YOUNIS	601 CRANSTON ST PROVIDENCE, RI 02909 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	TAREQ YOUNIS	601 CRANSTON ST PROVIDENCE, RI 02909 USA
DIRECTOR	TAREQ YOUNIS	601 CRANSTON ST PROVIDENCE, RI 02909 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>	
CWP			\$0.0100	100.00

Signed this 1 Day of June, 2023 at 1:10:34 PM 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 TAREQ YOUNIS

Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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Request Type: Certificate of Existence/Authorization
Request #: 0525849

Issuance Date: 04/14/2023
Copies Requested: 1

Document Receipt

Receipt #: 008048610

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3849349670

\$20.00

Regarding: Tablet Solution, Inc.

Filing Type: For-profit Corporation - Domestic

Control #: 710371

Formation/Qualification Date: 02/20/2013

Date Formed: 02/20/2013

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: SHELBY COUNTY

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

Tablet Solution, Inc.

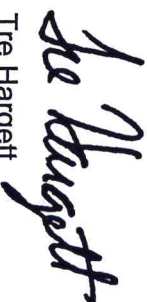
* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* 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 filed the most recent annual report required with this office;

* 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

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Verification #: 060083825



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:

June 01, 2023 01:08 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each name being capitalized.

Gregg M. Amore
Secretary of State

