



**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 Scottmadden Inc.

SECTION II

It is incorporated under the laws of State: NC 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 5/1/1984

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 2626 GLENWOOD AVENUE

SUITE 480

City or Town: RALEIGH

State: NC

Zip: 27608

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: CT CORPORATION SYSTEM

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 CT CORPORATION

SECTION VII

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

MANAGEMENT CONSULTING SERVICES

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
OTHER OFFICER	SAMUEL POSTON	2626 GLENWOOD AVENUE, SUITE 480 RALEIGH, NC 27608-1367 USA
OTHER OFFICER	SAMUEL POSTON	2626 GLENWOOD AVENUE, SUITE 480 RALEIGH, NC 27608-1367 USA
OTHER OFFICER	SAMUEL POSTON	2626 GLENWOOD AVENUE, SUITE 480 RALEIGH, NC 27608-1367 USA
OTHER OFFICER	SAMUEL POSTON	2626 GLENWOOD AVENUE, SUITE 480 RALEIGH, NC 27608-1367 USA
DIRECTOR	KATHY BETTY	2626 GLENWOOD AVENUE, SUITE 480 RALEIGH, NC 27608 USA
DIRECTOR	KATHY BETTY	2626 GLENWOOD AVENUE, SUITE 480 RALEIGH, NC 27608 USA
DIRECTOR	KATHY BETTY	2626 GLENWOOD AVENUE, SUITE 480 RALEIGH, NC 27608 USA
DIRECTOR	KATHY BETTY	2626 GLENWOOD AVENUE, SUITE 480 RALEIGH, NC 27608 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
OTHER OFFICER	SAMUEL POSTON	2626 GLENWOOD AVENUE, SUITE 480 RALEIGH, NC 27608-1367 USA
OTHER OFFICER	SAMUEL POSTON	2626 GLENWOOD AVENUE, SUITE 480 RALEIGH, NC 27608-1367 USA
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OTHER OFFICER	SAMUEL POSTON	2626 GLENWOOD AVENUE, SUITE 480 RALEIGH, NC 27608-1367 USA
DIRECTOR	KATHY BETTY	2626 GLENWOOD AVENUE, SUITE 480 RALEIGH, NC 27608 USA
DIRECTOR	KATHY BETTY	2626 GLENWOOD AVENUE, SUITE 480 RALEIGH, NC 27608 USA
DIRECTOR	KATHY BETTY	2626 GLENWOOD AVENUE, SUITE 480 RALEIGH, NC 27608 USA
DIRECTOR	KATHY BETTY	2626 GLENWOOD AVENUE, SUITE 480 RALEIGH, NC 27608 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			\$1.0000	100,000.00

Signed this 1 Day of June, 2023 at 4:02:35 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 LOGAN TOMS
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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NORTH CAROLINA

Department of the Secretary of State

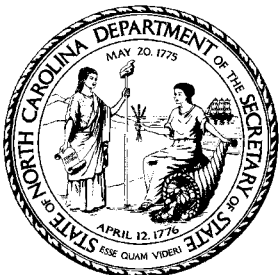
CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

SCOTTMADDEN, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 1st day of May, 1984, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of March, 2023.

Elaine F. Marshall

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:

June 01, 2023 04:02 PM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is fluid and cursive.

Gregg M. Amore
Secretary of State

