	State of Rhode Island Department of State - Business Se	ervices Division						
	cation for Certificate of Authon	rity	RECEIVED P.I. DEPT. OF STATE BUS SVCS DIV	21. 1. P				
\rightarrow Filir	2023 JUN 29 P 1: 21	4						
Pursuant to the provisions of <u>RIGL 7-1.2-1405</u> , the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and								
1. The	name of the corporation is:							
Robson	Robson Handling Technology USA Inc.							
2. It is i	ncorporated under the laws of: Texas							
3. The	name, if different, which it elects to use in Rh	ode 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: 07-30-2019							
🖌 Pe	e period of its duration is: CHECK ONE BO> erpetual (on-going) ate certain for dissolution	(ONLY						
5. The address of its principal office is:								
129 S Main St, Ste 260, Grapevine, Texas 76051, United States								
6. The name and address of the initial registered agent/office in Rhode Island:								
Agent Name C T Corporation System								
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A								
City/To	wn East Providence	State RHODE ISLA	ND Zip Code 0291	4				
L		1 <u></u>						

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

FILED STAND **9** 2023 <u>**DHFCP**</u> FORM 150= Rev Sed: 3/2023

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

Baggage Handling Supply and Integration of Airport Projects.

8. (a) The names and r state or country of whice	espective addresses of its d thit is incorporated):	directors (or	ptional, unless	s directors	are required u	under the laws of the		
NAME		ADDRESS						
n/a	n/;	n/a						
				Check	the box to inc	licate an attachment		
	espective addresses of its p of which it is incorporated):	orincipal off	icers (mandat	tory if dired	ctors are not re	equired under the laws		
OFFICE	NAME		ADDRESS					
PRESIDENT	PRESIDENT Matt Williams		129 S Main St, Ste 260, Grapevine, Texas 76051					
VICE PRESIDENT	SIDENT Shawn Jones		129 S Main St, Ste 260, Grapevine, Texas 76051					
TREASURER	Carolyn Wright	arolyn Wright		129 S Main St, Ste 260, Grapevine, Texas 76051				
SECRETARY	Stuart Westley		129 S Main St, Ste 260, Grapevine, Texas 76051					
	I			Chec	k the box to in	dicate an attachment		
9. The aggregate numb par value, and series, it	per of shares which it has au f any, within a class, is:	uthority to is	ssue; itemized	d by classe	es, par value o	f shares, shares without		
NUMBER OF SHARES	CLASS		SERIES		PAR VALUE OF	R STATE NO PAR VALUE		
100	Common		 		No Pa	r Value		
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. (<i>Note: Percentage obtained from worksheet.</i>)								
%								
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. (<i>Note: Percentage obtained from worksheet.</i>)								
0 %								
L								

 12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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 					
Later effective date (Date must be no more than 90 days from the date of filing)					
14. 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	Date				
Matt Williams	5/16/2023				
Signature of Authorized Officer of the Corporation	I				

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

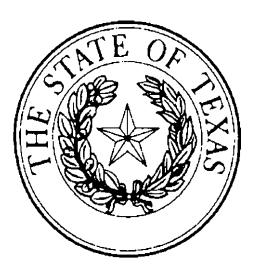
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ROBSON HANDLING TECHNOLOGY USA INC. (file number 803380844), a Domestic For-Profit Corporation, was filed in this office on July 30, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 21, 2023.



pue Theb

Jane Nelson 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 29, 2023 01:24 PM

Areg M. Couve

Gregg M. Amore Secretary of State

