



State of Rhode Island
Department of State - Business Services Division

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Certificate of Correction

Limited Liability Company

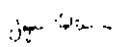
→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-13 the undersigned limited liability company hereby submits the following Certificate of Correction:

1. Entity ID Number: 1759859	2. The name of the limited liability company is: First Palladium, LLC
3. The document to be corrected is: Application for Transfer of Authority	
4. The name of the individual(s) who signed the document being corrected is: Jayne Rothman	
5. The date the document being corrected was originally filed on: 07/05/2023	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: Item 6: The Jurisdiction upon transfer of authority was erroneously listed as Indiana. <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
7. The new corrected portion of the document states as follows: Item 6: The Jurisdiction upon transfer of authority is Delaware. <div style="text-align: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></div>	
8. As required by RIGL 7-16-67, the entity has paid all fees and taxes.	

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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 BY [Signature] NWBGC
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<i>Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Name of Authorized Person Jayne Rothman	Street Address c/o Integrity Marketing, 1445 Ross Ave., Floor 40	
City/Town Dallas	State TX	Zip Code 75202
Signature of Authorized Person 		Date 7/14/2023

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.



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Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership,
 Limited Liability Company, Limited Liability Partnership or
 Non-Profit Corporation

Pursuant to the applicable provisions of RIGL Title 7, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

1. Entity ID Number: <u>7759859</u>		2. The full name of the entity filing this application is: First Palladium, LLC	
3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)			
<input checked="" type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Non-Profit Corporation
<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Limited Liability Partnership	
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY)			
<input checked="" type="checkbox"/> Limited Liability Company (RIGL <u>7-16-52.1</u>)		<input type="checkbox"/> Business Corporation (RIGL <u>7-1.2-1411.1</u>)	
<input type="checkbox"/> Non-Profit Corporation (RIGL <u>7-6-80.1</u>)		<input type="checkbox"/> Limited Partnership or Limited Liability Limited Partnership (RIGL <u>7-13.1-1009</u>)	
<input type="checkbox"/> Limited Liability Partnership (RIGL <u>7-12.1-1009</u>)			
5. The date the applicant qualified to conduct business in Rhode Island is: <u>7/14/2021</u>		6. The jurisdiction upon transfer of authority is: Delaware	
7. The name of the entity following the transfer of authority is: First Palladium, LLC			
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Application for registration for a Limited Liability Company			
<input type="checkbox"/> Application for certificate of authority for a Business Corporation			
<input type="checkbox"/> Application for certificate of authority for a Non-Profit Corporation			
<input type="checkbox"/> Statement of registration for a Limited Partnership			
<input type="checkbox"/> Statement of registration for a registered Limited Liability Partnership			
8(a). This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good Standing/Legal Existence from the current jurisdiction of the entity.			

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 JUL 20 2023
 BY [Signature] NWB6C
 12:12

TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth above.

Type or Print Name of Limited Liability Company

First Palladium, LLC

Signature of Authorized Person

[Handwritten Signature]

Date

6/13/2023

Signature of Authorized Person

Date

Type or Print Name of Corporation

Signature of Authorized Person

Date

Signature of Authorized Person

Date

Type or Print Name of Partnership

Signature of Partner

Date

Signature of Partner

Date

Signature of Partner

Date

Type or Print Name of Other Entity

Signature of Authorized Person

Date

Signature of Authorized Person

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.