

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

2023 AUG 23 A II: 24

## Articles of Incorporation DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator(s adopt(s) the following Articles of Incorpora				
The name of the corporation is:	mon for such corporation.			
Atlantic Horizon Corp.				
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Check if this a close corporation purs				
<ol><li>The total number of shares which the (Unless otherwise stated, all authorize</li></ol>	corporation has the authority to issued shares are deemed to have a noi	ie is: minal or par value of \$0.01 per share.)		
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share		
1,000	Common	No Par Value		
If you desire, you may include a statement	of all or any of the designations and the	the power, preferences, and rights, including		
voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL <u>7-1.2</u> .  State any provisions here (optional):  Check the box to indicate an attachment				
otato atty provident nero (optionary)				
3. The name and address of the initial re	gistered agent/office in Rhode Islan	nd is:		
Agent Name John F. Bruns, V.				
Street Address ( <u>NOT</u> a P.O. Box) 2 Dea	arborn Street			
Street Address ( <u>NOT</u> a P.O. Box) 2 Dea	State RHODE I	Zip Code 02840		

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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FORM 100- Revised 7/2023

5. Additional provisions, if any, not inconsistent with RIGL <u>7-1.2</u> which the incorporators elect to have set forth in these Articles of Incorporation:			
		Check the box to indicate an attachment	
6. The name and address of each incorporator is:			
Name John F. Bruns, V.	Address 2 Dearborn Street		
City/Town Newport	State RI	Zip Code 02840	
Name	Address		
City/Town	State	Zip Code	
Name	Address		
City/Town	State	Zip Code	
7. Date when these Articles of Incorporation will be effe	ective: CHECK ONE BO	DX ONLY	
✓ Date received (Upon filing) □ Later effective date (Date must be no more than \$1.	90 days from the date o	f filing)	
8. Under penalty of perjury, I/we declare and affirm the accompanying attachments, and that all statements co	at I/we have examined the contained herein are true	hese Articles of Incorporation, including any and correct.	
Type or Print Name of Incorporator	Date		
John F. Bruns, V.		8/23/2023	
Signature of Incorporator			
Type or Print Name of Incorporator	•	Date	
Signature of Incorporator	· · · · · · · · · · · · · · · · · · ·	1	
Type or Print Name of Incorporator		Date	
Signature of Incorporator			