

9. 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.

Type or Print Name of Authorized Officer of the Corporation

Date

Todd Heldt, Executive VP

5-23-2024

Signature of Authorized Officer of the Corporation



Form 113 – Question # 5.

Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgement:

9. 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:

| NUMBER OF SHARES | CLASS | SERIES | PAR VALUE OR STATE NO PAR VALUE |
|-------------------|-------------------|-------------------|---------------------------------|
| <u>1,000</u> | <u>Voting</u> | <u>--</u> | <u>\$100.00</u> |
| <u>99,000</u> | <u>Non-Voting</u> | <u>--</u> | <u>No Par Value</u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |

Form 113 – Question # 6.

The new corrected portion of the document states as follows:

9. 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:

| NUMBER OF SHARES | CLASS | SERIES | PAR VALUE OR STATE NO PAR VALUE |
|-------------------|-------------------|-------------------|---------------------------------|
| <u>500</u> | <u>Voting</u> | <u>--</u> | <u>\$100.00</u> |
| <u>50,000</u> | <u>Non-Voting</u> | <u>--</u> | <u>No Par Value</u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |



State of Rhode Island
Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

| | | |
|---|---------------------------|-----------------------|
| 1. The name of the corporation is: Elliott Auto Supply Co., Inc. | | |
| 2. It is incorporated under the laws of: Minnesota | | |
| 3. The name, if different, which it elects to use in Rhode 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: 08/08/1945 | | |
| And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ | | |
| 5. The address of its principal office is: 1380 Corporate Center Curve, #200, Eagan, MN 55121 | | |
| 6. The name and address of the initial registered agent/office in Rhode Island: | | |
| Agent Name Cogency Global Inc. | | |
| Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard | | |
| City/Town Warwick | State RHODE ISLAND | Zip Code 02888 |

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 30222

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

wholesale automotive parts and accessories

8. (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):

| NAME | ADDRESS |
|----------------|--|
| Elliott Badzin | 1380 Corporate Center Curve, #200, Eagan, MN 55121 |
| | |
| | |
| | |

Check the box to indicate an attachment ☐

8. (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):

| OFFICE | NAME | ADDRESS |
|----------------|--------------------------|--|
| PRESIDENT | Elliott Badzin | 1380 Corporate Center Curve, #200, Eagan, MN |
| VICE PRESIDENT | Todd Heldt, Executive VP | 1380 Corporate Center Curve, #200, Eagan, MN |
| TREASURER | Richard Lonson | 1380 Corporate Center Curve, #200, Eagan, MN |
| SECRETARY | Elliott Badzin | 1380 Corporate Center Curve, #200, Eagan, MN |

Check the box to indicate an attachment ☐

9. 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:

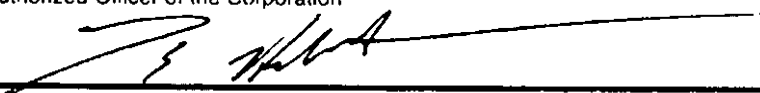
| NUMBER OF SHARES | CLASS | SERIES | PAR VALUE OR STATE NO PAR VALUE |
|------------------|------------|--------|---------------------------------|
| 500 | voting | -- | \$100.00 |
| 50,000 | non-voting | -- | No Par Value |
| | | | |
| | | | |

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. (Note: Percentage obtained from worksheet.)

0 %

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. (Note: Percentage obtained from worksheet.)

0 %

| | |
|--|------------|
| 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 | |
| <input checked="" type="checkbox"/> Date received (Upon filing) | |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____ | |
| 14. <i>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.</i> | |
| Type or Print Name of Authorized Officer | Date |
| Todd Heldt, Executive VP | 06-06-2024 |
| Signature of Authorized Officer of the Corporation  | |

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.



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 06, 2024 12:19 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

