



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 Woodland Capital Franchising, Inc.

SECTION II

It is incorporated under the laws of State: GA 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 06/14/2024

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 2/5/2020

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 5090 HIGHWAY 212

City or Town: COVINGTON

State: GA

Zip: 30016

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BLVD

City or Town: WARWICK

State: RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is COGENCY GLOBAL INC.

SECTION VII

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

SALE OF FRANCHISE

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
PRESIDENT	TIMOTHY WP DAVIS	5090 HIGHWAY 212 COVINGTON, GA 30016 USA
PRESIDENT	TIMOTHY WP DAVIS	5090 HIGHWAY 212 COVINGTON, GA 30016 USA
SECRETARY	PAULA DAVIS	5090 HIGHWAY 212 COVINGTON, GA 30016 USA
SECRETARY	PAULA DAVIS	5090 HIGHWAY 212 COVINGTON, GA 30016 USA
CEO	TIMOTHY DAVIS	5090 HIGHWAY 212 COVINGTON, GA 30016 USA
CEO	TIMOTHY DAVIS	5090 HIGHWAY 212 COVINGTON, GA 30016 USA
CFO	MONICA WARNER	5090 HIGHWAY 212 COVINGTON, GA 30016 USA
CFO	MONICA WARNER	5090 HIGHWAY 212 COVINGTON, GA 30016 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
PRESIDENT	TIMOTHY WP DAVIS	5090 HIGHWAY 212 COVINGTON, GA 30016 USA
PRESIDENT	TIMOTHY WP DAVIS	5090 HIGHWAY 212 COVINGTON, GA 30016 USA
SECRETARY	PAULA DAVIS	5090 HIGHWAY 212 COVINGTON, GA 30016 USA
SECRETARY	PAULA DAVIS	5090 HIGHWAY 212 COVINGTON, GA 30016 USA
CEO	TIMOTHY DAVIS	5090 HIGHWAY 212 COVINGTON, GA 30016 USA
CEO	TIMOTHY DAVIS	5090 HIGHWAY 212 COVINGTON, GA 30016 USA
CFO	MONICA WARNER	5090 HIGHWAY 212 COVINGTON, GA 30016 USA
CFO	MONICA WARNER	5090 HIGHWAY 212 COVINGTON, GA 30016 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	Par Value Per	Total Authorized Shares <i>Num of Shares</i>

	Stock	Share		
CWP		1	\$2.5000	25.00

Signed this 14 Day of June, 2024 at 9:53:03 AM 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 MONICA WARNER
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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STATE OF GEORGIA
Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Woodland Capital Franchising, Inc.
a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27672688
Date Inc/Auth/Filed: 02/05/2020
Jurisdiction : Georgia
Print Date : 06/13/2024
Form Number : 211



Brad Raffensperger

Brad Raffensperger
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 14, 2024 09:52 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

