

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

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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 <u>Cube Group Marketing Inc</u>

SECTION II

It is incorporated under the laws of State: <u>DE</u> Country: <u>USA</u>

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

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 5/31/2023

and the period of its duration is X Perpetual

SECTION V

The location of its principal office is

No. and Street: <u>155 EAST ST, SUITE 101</u>

City or Town: NEW HAVEN State: CT Zip: 06511 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE, SUITE 2

City or Town: BARRINGTON State: RI Zip: 02806

and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS INC

SECTION VII

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

TO PROVIDE STRATEGIC SALES SOLUTIONS THAT PROPEL BUSINESSES FORWARD.

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	ARIAN ESKANDARI	155 EAST ST, SUITE 101 NEW HAVEN, CT 06511 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	ARIAN ESKANDARI	155 EAST ST, SUITE 101 NEW HAVEN, CT 06511 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 Stock	Par Value Per Share	Total Authorized Shares Num of Shares	
CNP			\$0.0000	200.00

Signed this 9 Day of July, 2024 at 11:15:37 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 ARIAN ESKANDARI

Signature of Authorized Officer of the Corporation

Form No. 150 Revised 09/07

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CUBE GROUP MARKETING INC" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JUNE, A.D.

2024.

7488783 8300 SR# 20243018930



Jeffrey W. Budlock, Secretary of State

Authentication: 203824759

Date: 06-28-24

You may verify this certificate online at corp.delaware.gov/authver.shtml