| | 1636 | Office of t Divisior 14 Provid | e of Rhode Isl the Secretary of Business S 8 W. River Stree ence RI 02904- 401) 222-3040 | of State ervices et -2615 | | Fee: \$310.(|
|---|---|--|---|---|---|----------------------------|
| Þ | Foreign Corporation Application for Certificate of Author Section 7-1.2-1405 of the General Laws c | | s amended) | | | |
| | | ; | SECTION I | | | |
| | The name of the corporation is <u>FSi, Inc.</u> | | | | | |
| | It is incorporated under the laws of State | | SECTION II | | | |
| | This Application for Certificate of Authori 90th day after the date of this filing | ty shall be effective upor | n filing unless a | specified date | e is provided which | shall be no later than the |
| | 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 | | | n) is required | io be filed with this | иррисаноя |
| | The date of its incorporation is <u>1/3/1994</u> | | | | | |
| | and the period of its duration is \underline{X} Per | petual | | | | |
| | The location of its principal office is | 5 | SECTION V | | | |
| | No. and Street:47 WOODCity or Town:BARRING | <u>AVE SUITE 2</u> TON | Sta | ate: <u>RI</u> | Zip: <u>02806</u> | Country: <u>RI</u> |
| | The address of its proposed registered off No. and Street: <u>47 WOOD</u> City or Town: <u>BARRINC</u> | fice in Rhode Island is AVE SUITE 2 | | State: RI | | Zip: <u>02806</u> |
| | and the name of its proposed registered a | agent in Rhode Island at | that address is | NORTHWES | T REGISTERED A | AGENT LLC |
| | The purpose or purposes which it propose <u>PROVIDING FULFILLMENT, DISTR</u> | es to pursue in the transa | | | | |
| | (a) The names and respective addresses (it is incorporated). | - | ECTION VIII unless directors | are required u | nder the laws of the | state or country of which |
| | Title | Individual N First, Middle, Last | | Δ | Address ddress, City or Town, State, | |
| | PRESIDENT | RICHARD LOD | | | 1714 HEIL QUAKER BL LA VERGNE, TN 37 | VD., SUITE 160 |
| | TREASURER | BRIAN HADFIE | LD | | 1714 HEIL QUAKER BL LA VERGNE, TN 37 | |

| ľ | | | | |
|---|-----------|----------------|--|--|
| | SECRETARY | RICHARD LODGE | 1714 HEIL QUAKER BLVD., SUITE 160 LA VERGNE, TN 37086 USA | |
| | DIRECTOR | VIRGINIA LODGE | 1714 HEIL QUAKER BLVD., SUITE 160 LA VERGNE, TN 37086 USA | |
| | DIRECTOR | RICHARD LODGE | 1714 HEIL QUAKER BLVD., SUITE 160 LA VERGNE, TN 37086 USA | |
| | DIRECTOR | BRIAN HADFIELD | 1714 HEIL QUAKER BLVD., SUITE 160 LA VERGNE, TN 37086 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 | RICHARD LODGE | 1714 HEIL QUAKER BLVD., SUITE 160 LA VERGNE, TN 37086 USA |
| TREASURER | BRIAN HADFIELD | 1714 HEIL QUAKER BLVD., SUITE 160 LA VERGNE, TN 37086 USA |
| SECRETARY | RICHARD LODGE | 1714 HEIL QUAKER BLVD., SUITE 160 LA VERGNE, TN 37086 USA |
| DIRECTOR | VIRGINIA LODGE | 1714 HEIL QUAKER BLVD., SUITE 160 LA VERGNE, TN 37086 USA |
| DIRECTOR | RICHARD LODGE | 1714 HEIL QUAKER BLVD., SUITE 160 LA VERGNE, TN 37086 USA |
| DIRECTOR | BRIAN HADFIELD | 1714 HEIL QUAKER BLVD., SUITE 160 LA VERGNE, TN 37086 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 | 3,000,000.00 |
| | | | | |

Signed this 9 Day of August, 2024 at 12:23:59 PM 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 RICHARD LODGE

Signature of Authorized Officer of the Corporation

Form No. 150 Revised 09/07

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Secretary of State

Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

| NORTHWEST RE STE 200B 784 S CLEARWA POST FALLS, ID | | August 6, 2024 | | | |
|---|---|--|-----------|---------|--|
| Request Type: C | ertificate of Existence/Authorization | Issuance Date: 08/06/2024 Copies Requested: 1 | | | |
| | Document Receipt | | | | |
| Receipt #: 00916 | 69801 | Filing Fee: | | \$20.00 | |
| Payment-Credit C | ard - State Payment Center - CC #: 3879324480 | | | \$20.00 | |
| Regarding: | FSi, Inc. | | | | |
| Filing Type: | For-profit Corporation - Domestic | Control # : | 274107 | | |
| Formation/Qualification Date: 01/03/1994 | | Date Formed: | 01/03/199 | 94 | |
| Status: | Active Formation Locale: TENNESSEE | | | SEE | |
| Duration Term: | Perpetual | Inactive Date: | | | |
| Business County: | DAVIDSON COUNTY | | | | |

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

FSi, Inc.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett Secretary of State

Verification #: 069079937

Processed By: Cert Web User

Phone (615) 741-6488 * Fax (615) 741-7310 * Website: http://tnbear.tn.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:

August 09, 2024 12:21 PM

Treng M. Course

Gregg M. Amore Secretary of State

