



**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 Simplichek, Inc.

SECTION II

It is incorporated under the laws of State: NV 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

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 8/25/2022

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 228 N. LAKEVIEW DR
City or Town: COEUR D ALENE State: ID Zip: 83814 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 NORTHWEST REGISTARED AGENT LLC

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
WELLNESS KIOSK THAT VENDING SUNDRIES AND OVER THE COUNTER MEDICATIONS.

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	STACIE NELSON	PO BOX 2259 COEUR DALENE, ID 83814 USA
PRESIDENT	STACIE NELSON	PO BOX 2259 COEUR DALENE, ID 83814 USA

SECRETARY	MICHAEL B. COOK	23799 MONTEREY SALINAS HWY #63 SALINAS, CA 93908 USA
SECRETARY	MICHAEL B. COOK	23799 MONTEREY SALINAS HWY #63 SALINAS, CA 93908 USA
VICE PRESIDENT	TERRI B. COOK	23799 MONTEREY SALINAS HWY #63 SALINAS, CA 93908 USA
VICE PRESIDENT	TERRI B. COOK	23799 MONTEREY SALINAS HWY #63 SALINAS, CA 93908 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	STACIE NELSON	PO BOX 2259 COEUR DALENE, ID 83814 USA
PRESIDENT	STACIE NELSON	PO BOX 2259 COEUR DALENE, ID 83814 USA
SECRETARY	MICHAEL B. COOK	23799 MONTEREY SALINAS HWY #63 SALINAS, CA 93908 USA
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VICE PRESIDENT	TERRI B. COOK	23799 MONTEREY SALINAS HWY #63 SALINAS, CA 93908 USA
VICE PRESIDENT	TERRI B. COOK	23799 MONTEREY SALINAS HWY #63 SALINAS, CA 93908 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 <i>Num of Shares</i>	
CWP		COMMO	\$0.2385	209,644.00

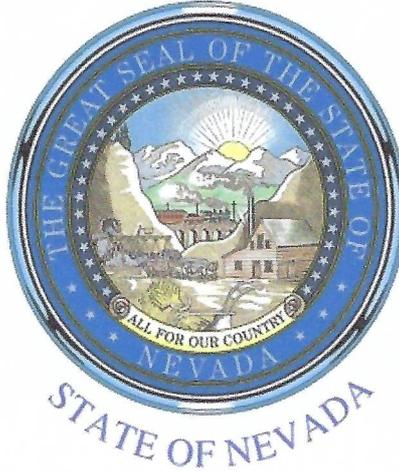
Signed this 2 Day of December, 2024 at 4:05:57 PM by the officers(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed 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 STACIE NELSON
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

SimpliChek Inc

Nevada Business Identification # NV20222551752

Expiration Date: 08/31/2025

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/18/2024.

Certificate Number: B202411185194123

You may verify this certificate

online at <https://www.nvsilverflume.gov/home>

FRANCISCO V. AGUILAR
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:

December 02, 2024 04:05 PM

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

Gregg M. Amore
Secretary of State

