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Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-1.2-105</u> the undersigned corporation hereby submits the following Certificate of Correction:						
1. Entity ID Number:	2. The name of the corporation is:					
001786135	STAND GLOBE ,INC					
3. The document to be corrected is:		4. The date the document being corrected was originally				
Articles of incorporation		filed: 02/24/2025				
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment:						
The name was done incorrectly						
		Check the box to indicate an attac	chment			
6. The new corrected portion of the document states as follows: The new corrected name in STAND GLOBAL,INC						
		Check the box to indicate an attac	hment			
7. The corrected document MUST be attached to this certificate.						
8. As required by RIGL 7-1,2-1	05, the entity has paid all fees	and taxes.				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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BY IXS 7ZDCB

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			
Wesley Garvin	02/24/25			
Signature of Authorized Officer of the Corporation				



Department of State - Business Services Division

Articles of Incorporation DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator(s) of adopt(s) the following Articles of Incorporation	•	-202,
1. The name of the corporation is:	a) INC	
Check if this a close corporation pursua	ant to RIGL <u>7-1.2-1701</u> of the Gener	ral Laws, 1956, as amended.
The total number of shares which the co (Unless otherwise stated, all authorized)		
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
100		0.0
If you desire, you may include a statement of voting rights, and the qualifications, limitations State any provisions here (optional):		
The name and address of the initial regis	stered agent/office in Rhode Island	ie·
Agent Name	Acrea agentonice in Micae Islana i	
Wasley Larvin		
Street Address (NOI a P.O. Box)	<i>'</i>	
City/Town Cumberland	State RHODE ISL	AND Zip Code
		nall have perpetual existence until dissolved
or terminated in accordance with RIGL 7-1.	2.	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov STAMP

FOR SECKTHARY OF STATE USE DISLY

5. Additional provisions, if any, not inconsistent with RIGL 7-	5. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these					
Articles of Incorporation:						
	Check the b	ox to indicate an attachment 🔲				
The name and address of each incorporator is:						
Name 1100	Address	Λ .				
lossed Darvin	49 FORITVIEW	AVC				
City/Town ,	State	Zip Code				
LUMberkend		02864				
Name	Address	-				
City/Town	State	Zip Code				
Name	Address					
City/Town ·	State	Zip Code				
7. Date when these Articles of Incorporation will be effective	CHECK ONE BOX ONLY					
✓ Date received (Upon filing)						
Later effective date (Date must be no more than 90 day	vs from the date of filing)					
Under penalty of perjury, I/we declare and affirm that I/we accompanying attachments, and that all statements contain		of Incorporation, including any				
	ed herein die troe and correct.					
Type or Print Name of Incorporator		Date				
Signature of Incorporator						
Type or Print Name of Incorporator		Date				
Type of Fillit Name of Incorporator		Date				
Signature of Incorporator						
Type or Print Name of Incorporator	·	Date)				
1/1/20 01/10	00110-05					
10505164 DON'VII)						
Signature of Incorporator						
Less Lilles						