



2022 DEC 19 PM 4: 19

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the use applies for a Certificate of Authority to transact busing for that purpose submits the following statement:	ndersigned foreign corporation ess in the State of Rhode Island	hereby I, and			
1. The name of the corporation is:					
Turn Key Lumber Inc.					
It is incorporated under the laws of: Delawa	re				
3. The name, if different, which it elects to use in Rh	node Island is:				
(a) If the name of the corporation in its jurisdiction o "incorporated", or "limited," or an abbreviation there above corporate endings for use in Rhode Island:	f incorporation does not contain of, then list the name of the corp	the word "corporation", "company", poration with the addition of one of the			
NA					
(b) If the corporate name is not available in Rhode I corporation will qualify and transact business in Rho filed with this application:	sland, then set forth below the fode Island as stated in the 'Ficti	ictitious name under which the tious Business Name Statement" to be			
NA					
4. The date of its incorporation is: 05/23/2013	3				
And the period of its duration is: CHECK ONE BOX Perpetual (on-going)	CONLY				
Date certain for dissolution					
5. The address of its principal office is:					
179 NH Route 12N, Fitzwilliam, NH 03447					
6. The name and address of the initial registered ag	ent/office in Rhode Island:				
Agent Name Registered Agents, Inc.					
Street Address (NOT a P.O. Box) 47 Wood Avenu	ue, Suite 2				
City/Town Barrington	State PHODE ISLAND	Zip Code 02806			

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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FORM 150 - Revised: 12/2021

7. The purpose or purpo	oses which it pr	roposes to pursue in th	e transaction of b	usiness in Rhode Island are:
Lumber yard				
8. (a) The names and restate or country of which			ptional, unless dir	rectors are required under the laws of the
NAME			ΑC	DDRESS
Juliano Fernandes 1		179 NH Route 12N, Fitzwilliam, NH 03447		
				Check the box to indicate an attachment
8. (b) The names and re of the state or country o				if directors are not required under the laws
OFFICE		NAME		ADDRESS
PRESIDENT	Juliano Fernandes		179 NH Route 12N, Fitzwilliam, NH 03447	
VICE PRESIDENT	Juliano Fernandes		179 NH Route 12N, Fitzwilliam, NH 03447	
TREASURER	Juliano Fernandes		179 NH Route 12N, Fitzwilliam, NH 03447	
SECRETARY	Juliano Fernandes		179 NH Rout	te 12N, Fitzwilliam, NH 03447
				Check the box to indicate an attachment
9. The aggregate number par value, and series, if			ssue; itemized by	classes, par value of shares, shares without
NUMBER OF SHARES	CLAS	s	SERIES	PAR VALUE OR STATE NO PAR VALUE
5000	Commo	on	NA.	\$0.01
				
	during the follo	owing year bears to the	value of all prope	f the property of the corporation to be erty of the corporation to be owned during eat.)
0%				
	iness in Rhode	Island during the follow	wing year compare	siness to be transacted by the corporation ed to the gross amount thereof which will be ained from worksheet.)
<u> </u>				

12. This application must be accompanied by a <u>Certificate of Go</u> formation dated within 60 days of the date of this filing.	ood Standing/Letter of Status from the state or country of			
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY				
☑ Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
Under penalty of perjury, I declare and affirm that I have examin accompanying attachments, and that all statements contained h	· · · · · · · · · · · · · · · · · · ·			
Type or Print Name of Authorized Officer	Date			
Juliano Fernandes, President	12/16/2022			
Signature of Authorized Officer of the Corporation				



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

DELAWARE, DO HEREBY CERTIFY "TURN KEY LUMBER 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 FIFTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TURN KEY LUMBER INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 205007962

Date: 12-05-22

5339773 8300 SR# 20224122442 RI SOS Filing Number: 202225405710 Date: 12/19/2022 4:19:00 PM



I, NELLIE M. GORBEA, 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 19, 2022 04:19 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

