Filing	Fee:	\$100.00 For Each Partner
•		Not to Exceed \$2,500.00

ID	Number:	
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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

## LIMITED LIABILITY PARTNERSHIP APPLICATION FOR REGISTERED LIMITED LIABILITY PARTNERSHIP Pursuant to the provisions of Section 7-12-56 of the General Laws of Rhode Island, 1956, as amended, the undersigned partnership hereby applies to become or continue as a Registered Limited Liability Partnership in the state of Rhode Island and for that purpose submits the following statement: (Check one box only) Renewal 1. The name of the Registered Limited Liability Partnership is: (The name must include the words "registered limited liability partnership" or the abbreviation "L.L.P." or "LLP" as the last words or letters of its name.) 2. The address of its principal office is: FEMRITE DR. UNIT A. MADISON WI 53718-6834 3. If the partnership's principal office is not located in this state, the address of a registered office and the name and address of a registered agent for service of process in the state of Rhode Island which a partnership shall be required to maintain: NOOR SERVICES INC. 222 JEFFERSON BLUP STE 200, WAKWELL RICEISE 4. The names and addresses of all resident partners: Residence Address 115 SOUTH SIXTH ST. EVANSVILLE WI 53536 COTTAGE GROVE WI 53527 417 COYLE PKWY

(If more space is required, please list on separate

Form No. 500 Revised: 12/05 BY SEP 2 1 2012 10 43 3 10 .48

5512 FRARITE DE	LIMITA, MADISON WI 53718
6. A brief statement of the business in w	
	CT MANAGEMENT AND TECHNOLOGY
INTEGRATUR - VOICE &	DATA SYSTEM INSTALLATION AND
SERVICE THROUGH	SUBCONTRACTORS.
<ol> <li>This application has been executed by execute an application.</li> </ol>	y a majority in interest of the partners or by one (1) or more partners authorized to
9/nlp	Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Registered Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.  ADVANCED ROJECT SOLUTIONS LLP
Date: <u>7/1+1/2</u>	Print Exact Name of Partnership Making Application
	By: By: By: By:

5. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

