No Filing Fee (See Instructions)

ID Number: (26822)



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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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

APPLICATION FOR TRANSFER OF AUTHORITY
Coverdell & Company, Inc.
(Insert full name of the entity following the transfer)
SECTION I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY
Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned duly qualified foreign (<i>check one box only</i>):
Non-Profit Corporation or Susiness Corporation or Limited Liability Company or
Limited Partnership or Limited Liability Partnership
submits the following Application for the purpose of transferring its authority to a (<i>check one box only</i>):
Limited Partnership or Limited Liability Company or Business Corporation or
Limited Liability Partnership <u>or</u> Non-Profit Corporation
a. The name of the entity filing this application for transfer is: Coverdell & Company, Inc.
b. The date on which the entity filing this application qualified to conduct business in the State of Rhode Island: 05/20/2011
c. The jurisdiction upon transfer of authority: Illinois
d. The name of the entity following the transfer of authority is:
Coverdell & Company, Inc.
 e. The application for transfer is filed as an accompanying certificate to the certificate of registration for a limited partnership or application for registration for a limited liability company or application for certificate of authority for a business corporation or explication for certificate of authority for a non-profit corporation or notice of registration for a registered limited liability partnership (check one box only).
f. The application for transfer is accompanied by a certificate of good standing or legal existence issued by the proper officer of the state or country under the laws of which it is incorporated.

FILED

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Form 612 05/12

SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

<u>OR</u>	Print Name of Partnership
	By: Signature of Partner
	By: Signature of Partner
	By:Signature of Partner
OR	Print Name of Limited Liability Company
	By: Signature of Authorized Person
	By: Signature of Authorized Person
	<u>OR</u>



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, 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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

