Filing Fee: \$150.00

ID	Number: _	
----	-----------	--



# 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 COMPANY

## **APPLICATION FOR REGISTRATION**

F fo Is	fursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, as amended, the undersigne breign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode sland, and for that purpose submits the following statement:			
1	The name of the limited liability company is:  ———————————————————————————————————			
2	The name, if different, under which it proposes to register and transact business in Rhode Island is:			
3.	sompany is organized under the laws of			
4.	The date of its organization is			
5.				
6.	6. The address of the limited liability companies as ideal.			
	(Street Address, not P.O. Box)  (Street Address, not P.O. Box)  (City/Town)  (Zip Code)			
	(Street Address, <u>not</u> P.O. Box) (City/Town) (Zip Code)			
	and the name of the resident agent at such address is <u>Natural Registered agents</u> INC			
7.	The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.			
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:			
	472 PEQUOT AVE.			
-	472 PEQUOT AVE.  Mystic CT 06355-1716			
9.	The mailing address for the limited liability company is:			
_				
-	472-PEQUOT AVE Mystic, CT, 0635T-1716 FILED			
	/ / FILED			
	haan o			

Form No. 450 Revised: 12/05

MAR 3 1 2008

•	10.	Management of the Limited Liability (	Company:	
	A.	The limited liability company is to be <b>no. 11.</b> )	managed by its members. (If you have checked this box, go to item	
			<u>or</u>	
	В.	B. The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filling of these Articles of Organization, state the name and address of each manager.)		
		<u>Manager</u>	Address	
	-			
1	1. This auth	application is accompanied by a certion or control of the jurisdiction under the second of the purisdiction under the control of the purisdiction under the control of the	ficate of good standing duly authenticated by the secretary of state or other which the foreign limited liability company was organized.	
			Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.	
[	Date:	March 27, 200 8	Terrific Timbers LCC	
			Print Exact Name of Limited Liability Company Making Application	
		•	Signature of authorized person	
			DENNIS I, HOOVER	
			to the second	

### Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

#### TERRIFIC TIMBERS LLC

a domestic limited liability company, were filed in this office on June 25, 2007.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Date Issued: March 25, 2008

Business ID: 0903923

Standard

Certificate Number: 2008071694001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov



#### 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

