

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

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Thoroughbred Financial Services, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of Tennessee

4. The date of its organization is 6/24/1999

5. The period of duration of the limited liability company is (if perpetual, so state) perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

155 S. Main St., Suite 301 Providence, RI 02903

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is CT Corporation

(Name of Agent)

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:

9. The mailing address for the limited liability company is:

5110 Maryland Way, Suite 300

Brentwood, TN 37027

FILED

JUN 26 2009

By 093146

11:37

10. Management of the Limited Liability Company:

- A. The limited liability company is to be managed ☐ by its members. *(If you have checked this box, go to item no. 11.)*

or

- 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 filing of these Articles of Organization, state the name and address of each manager.)*

<u>Manager</u>	<u>Address</u>
Thomas J. Parker	5110 Maryland Way, Suite 300
	Brentwood, TN 37027

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under 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: 6/23/09

Thoroughbred Financial Services, LLC
Print Exact Name of Limited Liability Company Making Application

By Jane M. Robinson
Signature of authorized person

Secretary of State
Division of Business Services
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 05/28/2009
REQUEST NUMBER: 09148523
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 06/24/1999
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: 09/30/2039
CONTROL NUMBER: 0372998
JURISDICTION: TENNESSEE

TO:
RHONDA MOORE
5110 MARYLAND WAY
STE 300
BRENTWOOD, TN 37027

REQUESTED BY:
RHONDA MOORE
5110 MARYLAND WAY
STE 300
BRENTWOOD, TN 37027

CERTIFICATE OF EXISTENCE

I, TRE HARGETT, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"THOROUGHbred FINANCIAL SERVICES, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF
FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS NOT BEEN FILED
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/28/09

FROM:
THOROUGHbred FINANCIAL SERVICES, LLC
5110 MARYLAND WAY
SUITE 300
BRENTWOOD, TN 37027-0000

	FEES	
RECEIVED:	\$40.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$40.00
RECEIPT NUMBER: 00004628280		
ACCOUNT NUMBER: 00330880		



Tre Hargett
TRE HARGETT
SECRETARY OF STATE



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

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

Secretary of State

