ID Number: Filing Fee: \$150.00



# 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

2009 JUL 31	RECEIVED  GEORETARY OF STATE CORPORATIONS DIV
PM :2: 01	VED TATE

## APPLICATION FOR REGISTRATION

Bursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned

for	eign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode and, and for that purpose submits the following statement:		
1.	The name of the limited liability company is:		
	Utility Management Association, UC		
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		
4.	The date of its organization is 01 2005		
5.	. The period of duration of the limited liability company is (if perpetual, so state) hotelinite		
6.	and the second s		
	222 Jefferson Blyd Warwick , RI 02888 (City/Town) (Zip Code)		
	and the name of the resident agent at such address is Paraslach, Mc (Name of Agent)		
7.	The secretary of state is appointed the agent of the foreign limited liability company for service of process if at an 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:		
	3289 Mc Cullaugh Polyd.		
	Bliden, NS 3882U		
9.	The mailing address for the limited liability company is:		
	3289 Mc Concogn Blut. /7'0		
	Poiden NS 38824		
	riled		
F.	JUL 3 1 2009		

Revised: 12/05

10.	Management of the Limited Liability Company:		
A.	The limited liability company is to item no. 11.)	be managed . by its members. (If you have checked this box, go to	
	<u>or</u>		
В.	The limited liability company is t company has managers at the address of each manager.)	to be managed by one (1) or more managers. (If the limited liability time of the filing of these Articles of Organization, state the name and	
	<u>Manager</u>	<u>Address</u>	
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		certificate of good standing duly authenticated by the secretary of state or other der 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	7/27/09	Drint Exact Name of Limited Liability Company Making Application  By	
		Signature of authorized person	

# State of Mississippi

## Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

#### **CERTIFICATE**

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

UTILITY MANAGEMENT ASSOCIATION, LLC

Formed January 15, 2003

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

1898 NELLE STREET TUPELO MS 38801

and that the registered agent at that address is:

**GARY LIGHT** 

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

STATE OF MISSISSIPPORT

Given under my hand and seal of office July 9, 2009

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 11275165-1 Page 1 of 1 Reference:

Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp



### 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

