Filing Fee: $150.00

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 COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, 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:
   Preferable HQ, 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 **Louisiana**

4. The date of its organization is **May 24, 2010**

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:
   222 Jefferson Boulevard, Suite 200 (Street Address, **not** P.O. Box) **Warwick** (City/Town), RI **02888** (Zip Code)
   and the name of the resident agent at such address is **National Registered Agents, Inc.** (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:
   1011 North Causeway Blvd., Suite 3, Mandeville, LA 70471

9. The mailing address for the limited liability company is:
   3040 Gulf to Bay Blvd., Clearwater, FL 33759

FILED

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BY 121899

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Form No. 450
Revised: 12/05

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.)***

Manager	Address
Frank Mongelluzzi	**3040 Gulf to Bay Blvd., Clearwater, FL 33759**

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: **06/30/2010**

Preferable HQ, LLC

Print Exact Name of Limited Liability Company Making Application

By _____

Signature of authorized person

UNITED STATES OF AMERICA

State of Louisiana

Jay Dardenne

SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

PREFERABLE HQ, LLC

A limited liability company domiciled in MANDEVILLE, LOUISIANA,

Filed charter and qualified to do business in this State on May 24, 2010,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 30, 2010

Secretary of State

Web GSC

Certificate ID: 10080328#8QK73

To validate this certificate, visit the following web site, go to **Commercial Division**, **Certificate Validation**, then follow the instructions displayed.
www.sos.louisiana.gov