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 100 North Main Street Providence, Rhode Island 02903-1335

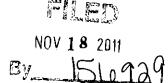
**LIMITED LIABILITY COMPANY** 

APPLICATION FOR REGISTRATION (To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, the undersigned fereign 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:			
	2020 COMPANY, 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 law	s of <u>Illinois</u>		
4.	The date of its organization is11/6/2000			
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:			
	10 Weybosset Street	Providence	, RI 02903	
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)	
	and the name of the resident agent at such address is	C T Corporation System		
	•	(Name o	f Agent)	
7.	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:			
	505 N. Lake Shore Dr., Unit 1	303, Chicago, I	IL LOUI	
9.	The mailing address for the limited liability company is:			
	3110 Fairview Park Drive Suite 950, Falls Church, Virgin	nia 22042		

Form No. 450 Revised: 01/99



DS 10:14

10. The limited liability company is to be managed by:		
	(Check one box only)	
its men	mbers <u>or</u> X by one (1) or more managers	
<ol> <li>If the limited liability company has each manager:</li> </ol>	managers at the time of filing this application, please list the name and address of	
Manager	Address	
Paresh Ghelani	3110 Fairview Park Drive Suite 950, Falls Church, Virginia 22042	
<del></del>		
This application is accompanied be authorized officer of the jurisdiction	by a certificate of good standing duly authenticated by the secretary of state or other nunder 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: [	2020 COMPANY, LLC  Print Exact Name of Limited Liability Company Making Application	
	BySignature of authorized person	

File Number

0047879-2



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

2020 COMPANY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 06, 2000, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1132101598

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH

day of NOVEMBER

A.D.

2011

Desse White

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

A. Japa 1. eeio

Secretary of State

