

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:

- The name of the limited liability company is:  
**Christeyns Laundry Technology, LLC**
- The name, if different, under which it proposes to register and transact business in Rhode Island is:  
\_\_\_\_\_
- The limited liability company is organized under the laws of **Massachusetts**
- The date of its organization is **October 12, 2011**
- The period of duration of the limited liability company is (if perpetual, so state) **Perpetual**
- The address of the limited liability company's resident agent in Rhode Island is:  
**222 Jefferson Blvd. Suite 200** **Warwick**, RI **02888**  
(Street Address, not P.O. Box) (City/Town) (Zip Code)  
and the name of the resident agent at such address is **National Registered Agents, Inc.**  
(Name of Agent)
- 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.
- 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:  
**859 Willard Street, Suite 400 Quincy, MA 02169**
- The mailing address for the limited liability company is:  
**859 Willard Street, Suite 400 Quincy, MA 02169**

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OFFICE OF THE SECRETARY OF STATE  
CORPORATIONS DIVISION

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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>
Alain Bostoën	Afrikalaan 182 9000, Gent Belgium, FF 00000 BEL
Paul Bostoën	Afrikalaan 182 9000, Gent Belgium, FF 00000 BEL
Rudi Moors	859 Willard Street, Ste 400, Quincy MA 02169

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.

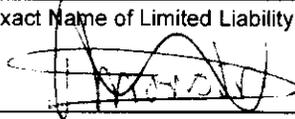
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 06/20/2012

**Christeyns Laundry Technology, LLC**

Print Exact Name of Limited Liability Company Making Application

By



Signature of authorized person



*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

**William Francis Galvin**  
Secretary of the  
Commonwealth

**May 10, 2012**

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

**CHRISTEYNS LAUNDRY TECHNOLOGY, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **October 12, 2011.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **RUDI MOORS, ALAIN BOSTOEN, PAUL BOSTOEN**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **RUDI MOORS, ALAIN BOSTOEN, PAUL BOSTOEN, HANS MAENHAUT**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **RUDI MOORS, ALAIN BOSTOEN, PAUL BOSTOEN**

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SECRETARY OF THE COMMONWEALTH

In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*  
Secretary of the Commonwealth

