Filing Fee: \$150.00



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

### LIMITED LIABILITY COMPANY

2012 OCT 18 PH 2: 10

#### **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:    W   Enterolises	
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:	
3. 4.	The limited liability company is organized under the laws of	
5.	The period of duration of the limited liability company is (if perpetual, so state)	
6.	The address of the limited liability company's resident agent in Rhode Island is:  222 5-1185cm Blvd Worwk, RI D2888  (Street Address, not P.O. Box) (City/Town) (Zip Code)	
	and the name of the resident agent at such address is	
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:	
-	FII FD <sup>C</sup>	
9.	The mailing address for the limited liability company is:	
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	2:10	

Form No. 450 Revised: 07/12

10.	Management of the Limited Liability	Company:	
А	The limited liability company is to be no. 11.)	e managed by its members. (If you have checked this box, go to item	
		<u>or</u>	
В	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 at address of each manager.)		
	<u>Manager</u>	<u>Address</u>	
_			
_			
_			
	This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or othe authorized officer of the jurisdiction under which the foreign limited liability company was organized.		
12. T	he date this Application for Registratio	on is to become effective, if later than the date of filing, is:	
_	(not prior to, nor more tha	n 30 days after, the filing of this Application for Registration)	
		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:	10/18/12	Print Exact Name of Limited Liability Company Making Application	
		By Signature of Authorized Person	

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

#### **NVR ENTERPRISES, LLC**

a domestic limited liability company, were filed in this office on May 19, 2009.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Denis Menk

Date Issued: October 18, 2012

Business ID: 0972464 Express Certificate Number: 2012238220001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov



# 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

