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

#### 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 pereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

	This company has been duly orga	inized in its state of formation as a	low-profit limited liability of	company. (Check bo	x if applicable)	
2.	The name, if different, under which	ch it proposes to register an	d transact business	in Rhoce Island	is:	
3.	The limited liability company is or	rganized under the laws of	Delaware			
4.	The date of its organization is $\frac{1}{2}$	December 4, 2012				
5.	The period of duration of the limit	ted liability company is (if pe	erpetual, so state)	Perpetual		
6.	The address of the limited liability company's resident agent in Rhode Island is:					
	222 Jefferson Blv	d., Suite 200	Warwick		02888	
	(Street Address, not	P.C. Box)	(City/Town)		(Zip Code)	
			National Registered Agents, Inc. (Name of Agent)			
	and the name of the resident age	ent at such address is			, Inc.	
7.		ted the agent of the foreign	(Na Ilmited Ilapility con	eme of Agent)  npany for servic	e of process if	
	The secretary of state is appoin time there is no resident agent o	ted the agent of the foreign r if the resident agent cannot red to be maintained in th	(Na n limited liability con of be found or serve e state or other juri	me of Agent)  npany for servic  d following the e  isdiction under t	e of process if exercise of reas	
	The secretary of state is appointing there is no resident agent odiligence.  The address of any office requi	ted the agent of the foreign r if the resident agent cannot red to be maintained in th	(Na n limited liability con of be found or serve e state or other juri	me of Agent)  npany for servic  d following the e  isdiction under t	e of process if exercise of reas	
	The secretary of state is appointime there is no resident agent ordiligence.  The address of any office requirements organized liability company is organized Executive Drive, Suite 200	ted the agent of the foreign r if the resident agent cannot red to be maintained in th ized is:  Aurora	(Na n limited liapility con of be found or serve e state or other juri	me of Agent)  npany for servic  d following the e  isdiction under t	e of process if exercise of reas	
	The secretary of state is appointime there is no resident agent ordiligence.  The address of any office requilimited liability company is organ 75 Executive Drive, Suite 200	ted the agent of the foreign r if the resident agent cannot red to be maintained in th ized is:  Aurora	(Na n limited liapility con of be found or serve e state or other juri	me of Agent)  npany for servic  d following the e  isdiction under t	e of process if exercise of reas	
<b>8</b> . 9.	The secretary of state is appointing there is no resident agent of diligence.  The address of any office requilimited liability company is organized Executive Drive, Suite 200  The mailing address for the limited.	ted the agent of the foreign if the resident agent cannot red to be maintained in the lized is:  Aurora  Aurora	(Na n limited liability con of be found or serve e state or other juri	me of Agent) npany for servic of following the e isdiction under t	e of process if exercise of reas	

y its members. (If you have checked this box, go to item  T  Dy one (1) or more managers (If the limited liability of these Articles of Organization, state the name and Address
by one (1) or more managers (If the limited liability of these Articles of Organization, state the name and
g of these Articles of Organization, state the name and
Address
standing duly authenticated by the secretary of state or other eign limited liability company was organized.  ffective, if later than the date of filing, is:  a filing of this Application for Registration)
s ming of this Application for Registration /
ty of perjury, I declare and affirm that I have examined this for Registration, including any accompanying attachments, tatements contained herein are true and correct.
ervices LLC
Exact Name of Limited Liability Company Making Application
/George Shaninc, CEO of Member / Signature of Authorized Person

# Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AFTERMATH SERVICES LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTEENTH DAY OF DECEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AFTERMATH SERVICES LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5252581 8300

121336933

AUTHENTY CATION: 0065240

DATE: 12-13-12

You may verify this certificate online at corp.delaware.gov/authver.shtml