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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)

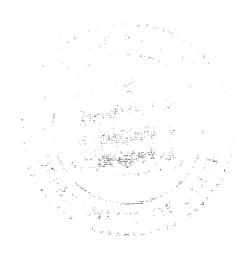
Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:					
1.	The name of the limited liability company is:				
	STRATEGIC DELIVERY SOLUTIONS, LLC				
2.	The name, if different, under which it proposes to register and	transact business in R	hode Island is:		
3.	The limited liability company is organized under the laws of	New York			
4.	The date of its organization is 4/27/2009				
5.	The period of duration of the limited liability company is (if per	petual, so state)	erpetual	`	
6. The address of the limited liability company's resident agent in Rhode Island is:				SECR CORI	
	10 Dorrance street, Suite 530	Providence	, RI <u>02903</u>	<u> </u>	
	(Street Address, <u>not</u> P.O. Box)	(City/Town)	(Zip	.com≥22€	
	and the name of the resident agent at such address isC T o	Corporation System		295	
		(Name o	f Agent)		
7.	The secretary of state is appointed the agent of the foreign lim there is no resident agent or if the resident agent cannot b diligence.				
8.	The address of any office required to be maintained in the stalliability company is organized is:	te or other jurisdiction u	inder the laws of whi	ch the limited	
	11-B Picone Blvd, Farmingdale, New York 11735				
9. -	The mailing address for the limited liability company is:	· · · · · · · · · · · · · · · · · · ·			
	11-B Picone Blvd, Farmingdale, New York 11735	FILED	m		
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Revised: 01/99

10. The limited liability company is to be managed by:				
(Check one box only)				
its members	or X by one (1) or more managers			
 If the limited liability company has manage each manager; 	gers at the time of filing this application, please list the name and address of			
<u>Manager</u>	<u>Address</u>			
Andrew Kronick	11-B Picone Blvd, Farmingdale, New York 11735			
 This application is accompanied by a cer authorized officer of the jurisdiction under 	tificate of good standing duly authenticated by the secretary of state or other 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: 1/11/13	STRATEGIC DELIVERY SOLUTIONS, LLC Print Exact Name of Limited Liability Company Making Application By Signature of authorized person			

State of New York Department of State } ss:

I hereby certify, that STRATEGIC DELIVERY SOLUTIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/27/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 14th day of May two thousand and thirteen.

First Deputy 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

