Filing Fee: $150.00 **ID Number:** _____

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

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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 Rhode 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 perpetual, so state) perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

   10 Dorrance street, suite 530 (Street Address, not P.O. Box) Providence (City/Town), RI 02903 (Zip Code)

   and the name of the resident agent at such address is C T Corporation System (Name of Agent)

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2013 MAY 29 AM 10: 34

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:

   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

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BY 198197
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Form No. 450
Revised: 01/99

10. The limited liability company is to be managed by:

(Check one box only)

☐ its members *or* ☒ by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager:

Manager	Address
Andrew Kronick	11-B Picone Blvd, Farmingdale, New York 11735

12. 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: 1/11/13

STRATEGIC DELIVERY SOLUTIONS, LLC

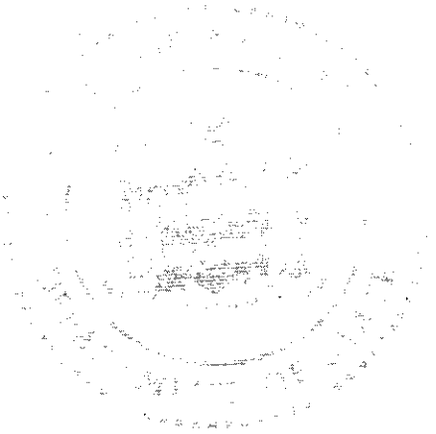
Print Exact Name of Limited Liability Company Making Application

By Andrew Kronick

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.



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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

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