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

ISI	and, and for that purpose submits the following statement:
1.	The name of the limited liability company is: AT-RISK INTERNATIONAL,
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 Urginia
4.	The date of its organization is 10/19/2.009
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: LE FAINC CAP. Dorrance Street, Ste 700 Providance RI 029030000000000000000000000000000000000
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: 1400 PAVKE Long CONT, STEP, CHANTILLY, VA 3015/
9.	The mailing address for the limited liability company is: PO BOX 270, CATHAPPIN, VA 20143 FILED M
	JUL 0 1 2013 m No. 450 ised: 05/12 BY 2007/4

10.	Management of the Limited Liability	Company:		
A.	The limited liability company is to be no. 11.)	managed by its members. (If you have checked this box, go to item		
		<u>or</u>		
B.		ne limited liability company is to be managed by one (1) or more managers. (If the limited liability per pany has managers at the time of the filing of these Articles of Organization, state the name and iddress of each manager.)		
	<u>Manager</u>	<u>Address</u>		
_				
_				
		rtificate of good standing duly authenticated by the secretary of state or othe er which the foreign limited liability company was organized.		
	-	is to become effective, if later than the date of filing, is:		
	(not prior to, nor more than	30 days after, the filing of this Application for Registration)		
Date:	6/26/2013	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. Print Exact Name of Limited Liability Company Making Application By Signature Authorized Person		
		Signature Authorized Person		

Commonbrealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That AT-Risk International, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is October 19, 2009; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

ORATION COLUMNS SION
1903

Signed and Sealed at Richmond on this Date: June 26, 2013

Joel H. Peck, Clerk of the Commissior

CISECOM

Document Control Number: 1306265897