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:

1.	The name of the limited liability company is:	2013 .	S		
	This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applic	able			
2.		-8 AF	RATIO		
3.	The limited liability company is organized under the laws of	<u></u>	A O S		
4.	The date of its organization is	<u> </u>	m		
5.	The period of duration of the limited liability company is (if perpetual, so state) Perpetual	<u>ll</u>			
6.	The address of the limited liability company's resident agent in Rhode Island is:				
	222 Jefferson Blud Sutero warwick, RI 02 (Street Address, not P.O. Box) (City/Town) (Zi	<u>888</u>	<u> 3</u>		
		p Code)			
	and the name of the resident agent at such address is	IN	<u></u>		
7.	The secretary of state is appointed the agent of the foreign limited liability company for service of protime there is no resident agent or if the resident agent cannot be found or served following the exercise diligence.	cess if of reaso	at any onable		
3.	The address of any office required to be maintained in the state or other jurisdiction under the laws limited liability company is organized is:	of whi	ch the		
	2 Nemasket Dr. LAKeville, MA 02347				
-					
- 9.	The mailing address for the limited liability company is: PO BOX 1009 LAKEVILLE, MA 02347				
-					
FILED					

Form No. 450
Revised: 07/12

JUL 08 2013

11:29 A.M.

10	١.	Management of the Limited Liability Co.	mpany:		
	A.	. The limited liability company is to be ma	anaged by its members. (If you have checked this box, go to item		
			<u>or</u>		
	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 and address of each manager.)			
,	B	Manager Report P Koontz Jr	2 Nemasket Dr. LAKeville, MAO234		
	au	uthorized officer of the jurisdiction under v	cate of good standing duly authenticated by the secretary of state or other which the foreign limited liability company was organized. 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)		
		,	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	e: _	<u> </u>	Print Exact Name of Limited Liability Company Making Application By Roll Print Exact Name of Limited Liability Company Making Application		
			Signature of Authorized Person		



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The First State

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

DELAWARE, DO HEREBY CERTIFY "JMS APPRAISAL 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 TWENTY-EIGHTH DAY OF MAY, A.D. 2013.

CORPORATIONS DIV

4641081 8300

130627234

Jeffrey W. Bullock, Secretary of State **AUTHENTYCATION:** 0462326

DATE: 05-28-13

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