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

2013 AUG 15 PH 12: 04

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, 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: | | | | | |
|----|---|---------------------------------------|----------------|---------------------|--|--|
| | ASSETPOINT F | INANCIAL, LLC | | | | |
| | This company has been duly organized in its state of formation as | a low-profit limited liability compar | ny. (Check box | if applicable) | | |
| 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 o | f De | elaware | | | |
| 4. | The date of its organization is | 7/16/2013 | | | | |
| 5. | The period of duration of the limited liability company is (if | narnatua! | | | | |
| 6. | The address of the limited liability company's resident agent in Rhode Island is: | | | | | |
| | 222 Jefferson Boulevard | Warwick | , RI | 02888 | | |
| | (Street Address, <u>not</u> P.O. Box) | (City/Town) | | (Zip Code) | | |
| | and the name of the resident agent at such address is National Corporate Research, Ltd. (Name of Agent) | | | | | |
| 7. | The secretary of state is appointed the agent of the foreign limited liability company for service of process if at ar time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonab diligence. | | | | | |
| 8. | The address of any office required to be maintained in the limited liability company is organized is: | the state or other jurisdiction | on under th | e laws of which the | | |
| | 615 South Duf | Pont Highway | | | | |
| | Dover | DE | | 19901 | | |
| 9. | The mailing address for the limited liability company is: | | | | | |
| | 1515 N. Courthouse Road, Suite 1200 | | | | | |
| • | Arlington | VA | | 22201 | | |
| | Tm No. 450 vised: 07/12 AUG 15 2013 | | | | | |
| | | | | | | |

| 10 | • | Management of the Limited Liability Company: | | | | |
|-----|--|---|--|--|--|--|
| | A. | The limited liability company is to be a no. 11.) | managed 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 liab company has managers at the time of the filing of these Articles of Organization, state the name address of each manager.) | | | | | |
| | | Manager | <u>Address</u> | | | |
| | _ | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 11. | | | tificate of good standing duly authenticated by the secretary of state or othe r which the foreign limited liability company was organized. | | | |
| 12. | The date this Application for Registration 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) | | | | | |
| | | | 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. | | | |
| Dat | e: _ | July 30, 2013 | ASSETPOINT FINANCIAL, LLC Print Exact Name of Limited Liability Company Making Application | | | |
| | | (| | | | |
| | | | BySignature 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 "ASSETPOINT FINANCIAL, 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 TWELFTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASSETPOINT FINANCIAL, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JULY, A.D. 2013.

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

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130977021

AUTHENTY CATION: 0656127

DATE: 08-12-13

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



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

