

1. The name of the limited liability company is:

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

SECRETARY OF STATE COMPERATIONS DIV

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:

	Morning Phase LLC				
	This company has been duly organized in its state of formation as a low-profit limited liability company. (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 of Delaware			
4.	The date of its organization is April 2, 2014				
5.	. The period of duration of the limited liability company is (if perpetual, so state)				
6	e address of the limited liability company's resident agent in Rhode Island is:				
	222 Jefferson Boulevard, Suite 200	Warwick	, RI 02888		
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)		
	and the name of the resident agent at such address is Corporation Service Company				
		(Name of A	(gent)		
7.	The secretary of state is appointed the agent of the time there is no resident agent or if the resident agent diligence.	e foreign limited liability company nt cannot be found or served follo	for service of process if at any wing the exercise of reasonable		
8.	The address of any office required to be maintaine limited liability company is organized is:	ed in the state or other jurisdiction	on under the laws of which the		
0	The mailing address for the limited link life, and a second				
9.	The mailing address for the limited liability company is:				
	c/o Zaffre Law, 268 Bush Street, #4700, San Francisco, (CA 94104	······································		

Form No. 450 Revised: 07/12 FILED

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10.	Management of the Limited Liability Company (check one only):			
P	A. The limited liability company is to be No. 11 – DO NOT LIST ANY NAME	managed v by its members. (If you have checked this box, go to item		
	<u>or</u>			
E	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.)			
	<u>Manager</u>	<u>Address</u>		
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-				
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	nis application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other uthorized officer of the jurisdiction under which the foreign limited liability company was organized.			
12. T	. The date this Application for Registration is to become effective, if later than the date of filing, is:			
*****	(not prior to, nor more than	n 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:	Apr. 13, 2014	Morning Phase LLC Print Exact Name of Limited Liability Company Making Application		
		By Signature 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 "MORNING PHASE 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 THIRD DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MORNING PHASE LLC" WAS FORMED ON THE SECOND DAY OF APRIL, A.D. 2014.

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

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Jeffrey W Bullock, Secretary of State

AUTHENT\(CATION: 1263244\)

DATE: 04-03-14

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

