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**

SECTION CONTRACTOR OF SECTION CONTRACTOR OF

# **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:  |   |  |  |
|----|--|---|--|--|
|    | SHOOTING STARS CATERING, L.L.C.  |   |  |  |
|    | This company has been duly organized in its state of for   | ormation as a low-profit limited liability compa                            | ny. (Check box if applicable)  |  |
| 2. | The name, if different, under which it proposes to   | register and transact business in Rh  | ode Island is:   |  |
| 3. | The limited liability company is organized under the   | he laws of New Jersey   |  |  |
| 4. | The date of its organization is 12/16/99   |   |  |  |
| 5. | The period of duration of the limited liability comp   | any is (if perpetual, so state) Perpet                                      | ıal  |  |
| 6. | The address of the limited liability company's resi  | dent agent in Rhode Island is:  |  |  |
|    | 222 Jefferson Blvd. Suite 200  | Warwick   | , R <b>∤ 02888</b>   |  |
|    | (Street Address, not P.O. Box)   | (City/Town)   | (Zip Code)   |  |
|    | and the name of the resident agent at such addre   | see ie Registered Agent Solutions. Inc                                      | <u>,</u>   |  |
|    | and the name of the resident agent at such address   | (Name of  |  |  |
| 7. | The secretary of state is appointed the agent of time there is no resident agent or if the resident a diligence. | the foreign limited liability company agent cannot be found or served follo | for service of process if at any<br>owing the exercise of reasonable |  |
| 8. | The address of any office required to be maintal limited liability company is organized is:                      | ained in the state or other jurisdicti                                      | on under the laws of which the                                       |  |
| !  | 9 Bridlewood Court Tabernacle, NJ 08088  |   |  |  |
|    |  |   |  |  |
| 9. | The mailing address for the limited liability compa  | ıny is:   |  |  |
|    | 9 Bridlewood Court Tabernacle, NJ 08088  |   |  |  |
|    |  | FILED   |  |  |
|    |  | -   |  |  |

Form No. 450 Revised: 07/12 SEP 19 2014 By 232636 A. A. 12:16 p.m.

| 10.  |  | Management of the Limited Liability Company:  |  |  |
|------|--|---|--|--|
|      | A.   | The limited liability company is to be managed by its members. (If you have checked this box, go to item no. 11.)   |  |  |
|      |  | <u>or</u>   |  |  |
|      | B.   | The limited liability company is to be managed very 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.) |  |  |
|      |  | Manager BRIAN BROWN 9 BRIGHEWOOD CT TAKERNACIE NIT 08088  |  |  |
|      |  |   |  |  |
|      |  |   |  |  |
| 11.  |  | is application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other athorized officer of the jurisdiction under 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.                             |  |  |
| Date | e: _   | Shooting Stars Catering, L.L.C.  Print Exact Name of Limited Liability Company Making Application   |  |  |
|      |  | By Signature of Authorized Person   |  |  |

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

### SHOOTING STARS CATERING, L.L.C.

0600080087

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 16, 1999.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Lisa Brown 9 Bridlewood Court Tabernacle, NJ 08088

STATE CREATER OF THE STATE OF T

Certification# 133535561

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 15th day of September, 2014

Andrew P Sidamon-Eristoff

State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp



# 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

