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

SECRETARY OF STATE CORPORATIONS DIV

#### **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:					
	XBS Disposition Sub-	sidiary One, LLC				
	This company has been duly organized in its state of formation as	a low-profit limited liability	company. (Chec	k box if applicable)		
2.	The name, if different, under which it proposes to register a	nd transact business	in Rhode Isla	and is;		
3.	The limited liability company is organized under the laws of	the State of Delawa	re			
4.	The date of its organization is January 20, 2015					
5.	The period of duration of the limited liability company is (if p	erpetual, so state) _	Perpetual			
6.	The address of the limited liability company's resident agent in Rhode Island is:					
	222 Jefferson Boulevard, Suite 200	Warwick	R	02888		
	(Street Address, not P.O. Box)	(City/Town)	<u> </u>	(Zip Code)		
	and the name of the resident agent at such address is Corp	oration Service Com	pany			
	•		me of Agent)			
7.	The secretary of state is appointed the agent of the foreign time there is no resident agent or if the resident agent canno diligence.	limited liability com to be found or served	npany for ser d following the	vice of process if at any exercise of reasonable		
3.	The address of any office required to be maintained in the limited liability company is organized is:	e state or other jurk	sdiction unde	r the laws of which the		
•		···•		FILED		
€.	The mailing address for the limited liability company is:		<del></del>	MAR 0'5 2015		
	2828 N. Haskell Avenue, 9th Floor, Dallas, Texas 75204		By	243875		
-				ICM		

Form No. 450 Revised: 07/12

10	).	Management of the Limited Liability	Company (check <u>one</u> only):			
	A. The limited liability company is to be managed by its members. (If you have checked this box, go to its No. 11 – DO NOT LIST ANY NAMES IN SECTION B.)					
		<u>or</u>				
	B.	The limited liability company is to company has managers at the the address of each manager.)	be managed by one (1) or more managers. (If the limited liability me of the filing of these Articles of Organization, state the name and			
	<u>Manager</u>		Address			
	J. Michael Peffer		2828 N. Haskell Avenue, 9th Floor, Dallas, TX 75204			
	Mike R. Festa		45 Glover Avenue, Norwalk, CT 06856			
11.	. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or oth authorized officer of the jurisdiction under which the foreign limited liability company was organized.					
12.	The	edate this Application for Registration	is to become effective, if later than the date of filling, 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	<b>∍</b> :	03 1 02 12015	XBS Disposition Subsidiary One, LLC			
			Print Exact Name of Limited Liability Company Making Application			
			By			

# Delaware

DACE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "XBS DISPOSITION SUBSIDIARY ONE,
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-FIRST DAY OF
JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XBS DISPOSITION SUBSIDIARY ONE, LLC" WAS FORMED ON THE TWENTIETH DAY OF JANUARY, A.D. 2015.

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

SECRETARY OF SIMULORS DIV

5677491 8300

150074043

AUTHENTYCATION: 2052915

DATE: 01-21-15

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

I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

