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, 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:				
	Stonestreet S.A. LLC				
	This company has been duly organized in its state of formation	as a low-profit limited liability compa	ny. (Check box if applicable)		
2.	The name, if different, under which it proposes to registe	er and transact business in Rh	node Island is:		
3.	The limited liability company is organized under the laws	of Delaware			
4.	. The date of its organization is 07/13/12				
5.	The period of duration of the limited liability company is (if perpetual, so state) Perpetual				
6.	The address of the limited liability company's resident ag	gent in Rhode Island is:			
	501 Wampanoag Trail, Suite 400	East Providence	, RI 02915		
	(Street Address, <u>not</u> P.O. Box)	(City/Town)	(Zip Code)		
	and the name of the resident agent at such address is Timothy G. Fay (Name of Agent)				
7.	The secretary of state is appointed the agent of the for time there is no resident agent or if the resident agent ca diligence.				
8.	The address of any office required to be maintained in limited liability company is organized is:	n the state or other jurisdicti	on under the laws of which the		
	National Registered Agents, Inc. of NJ, 100 Canal Pointe Blvd, Suite 212, Princeton, NJ 08540				
			10:18 Am		
9.	The mailing address for the limited liability company is:		FILED		
,	501 Wampanoag Trail, Suite 400, East Providence, RI 02915		APR 0 3 2015		
			246194		
- a	m No. 450	Ву	KM		

Form No. 450 Revised: 07/12

10	Management of the Limited Liability Company (check one only):			
	A.	The limited liability company is to be No. 11 – DO <u>NOT</u> LIST ANY NAME	managed very by its members. (If you have checked this box, go to item is IN SECTION B.)	
	<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 an address of each manager.)			
		<u>Manager</u>	<u>Address</u>	
11.	. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized 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.	
Dat	:e: _	4/1/15	Stonestreet S.A. LLC Print Exact Name of Limited Liability Company Making Application By Signature of Authorized Person	

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "STONESTREET S.A. 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 FOURTH DAY OF FEBRUARY, A.D. 2015.

SECRETARY OF STATE CORPORATIONS DIV

5178787 8300

150120403

AUTHENTX CATION: 2092116

DATE: 02-04-15

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