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

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:					
	CELLF 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	o register and transact business in Rhoo	le Island is:			
3.	The limited liability company is organized under the laws of Delaware					
4.	. The date of its organization is <u>03-30-15</u>					
5.	. The period of duration of the limited liability company is (if perpetual, so state)					
6.	The address of the limited liability company's resident agent in Rhode Island is:					
	88 Ruffstone Road	Greenville	Ri 02828			
	(Street Address, <u>not</u> P.O. Box)	(City/Town)	(Zip Code)			
	and the name of the resident agent at such address is Kiel James McKivergan (Name of Agent)					
7.	. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at an time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.					
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:					
	2711 Centerville Road, Suite 400, Wilmington, Dela	ware 19808				
9.	The mailing address for the limited liability company is:					
	88 Ruffstone Road, Greenville, RI 02828					
			12:58			
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		_	247296			
		By_	Q-I W W			

10.		Management of the Limited Liability Company (check one only):			
	A.	The limited liability company is to be r	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 liability company has managers at the time of the filling of these Articles of Organization, state the name and address of each manager.)			
		Manager	<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	L te:	/13/15	CELLF LLC		
		•	Print Exact Name of Limited Liability Company Making Application By Signature of Authorized Person		

Kiel James McKivergan, Member

Delaware

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The First State

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

DELAWARE, DO HEREBY CERTIFY "CELLF 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 TWENTIETH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CELLF LLC"
WAS FORMED ON THE THIRTIETH DAY OF MARCH, A.D. 2015.

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

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150531737

AUTHENTICATION: 2303375

DATE: 04-20-15

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