

## 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:

	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 May 7, 2015				
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:				
	450 Veterans Memorial Parkway, Suite 7A	East Providence	, RI	02914	
	(Street Address, not P.O. Box)	(City/Town)		(Zip Code)	
	and the name of the resident agent at such address is	C T Corpora (Name of Ag			
7.	and the name of the resident agent at such address is  The secretary of state is appointed the agent of the foreign time there is no resident agent or if the resident agent cannot diligence.	(Name of Ag	ent) or service	of process if	
	The secretary of state is appointed the agent of the foreign time there is no resident agent or if the resident agent cannot	(Name of Ag limited liability company f t be found or served follow	ent) for service ring the exc	of process it	
8.	The secretary of state is appointed the agent of the foreign time there is no resident agent or if the resident agent cannot diligence.  The address of any office required to be maintained in the	(Name of Ag limited liability company f t be found or served follow	ent) for service ring the ex	of process it	
8. - 9.	The secretary of state is appointed the agent of the foreign time there is no resident agent or if the resident agent cannot diligence.  The address of any office required to be maintained in the limited liability company is organized is:	(Name of Ag limited liability company f t be found or served follow	ent) for service ring the ex	of process it	

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10.	Management of the Limited Liability	Company (check <u>one</u> only):		
Α.	The limited liability company is to be No. 11 – DO <u>NOT</u> LIST ANY NAME.	managed by its members. (If you have checked this box, go to item S IN SECTION B.)		
		<u>or</u>		
В.	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.)			
	<u>Manager</u>	<u>Address</u>		
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11. This aut	s application is accompanied by a cer thorized officer of the jurisdiction unde	rtificate of good standing duly authenticated by the secretary of state or other or 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: N	May 11, 2015	Wexford-CV SSL Developer, LLC		
		Print Exact Name of Limited Liability Company Making Application		
		By R. W. W.		
		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 "WEXFORD-CV SSL DEVELOPER, 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 TWELFTH DAY OF MAY, A.D. 2015.

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

TORPORATIONS DIV

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150656835

AUTHENTICATION: 2369658

DATE: 05-12-15

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

