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

2015 JUL 23 AM 9: 3:

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: | | | |
|----|--|---|---------------------------------|--|
| | First Choice Assets, LLC | | | |
| | This company has been duly organized in its state of formation | as a low-profit limited liability compa | any. (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 January 24,2006 | | | |
| 5. | The period of duration of the limited liability company is (i | f perpetual, so state) Perpe | tual | |
| 6. | The address of the limited liability company's resident ag | ent in Rhode Island is: | | |
| | 450 Veterans Memorial Parkway, Suite 7A | East Providence | , RJ 02914 | |
| | (Street Address, not P.O. Box) | (City/Town) | (Zip Code) | |
| | and the name of the resident agent at such address is National Registered Agents, Inc. | | | |
| | • | (Name of | | |
| 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 reasonabl diligence. | | | |
| 8. | The address of any office required to be maintained in limited liability company is organized is: | the state or other jurisdict | ion under the laws of which the | |
| | 352 Sonwil Drive | | | |
| | Cheektowaga, New York 14225 | FILE |)m | |
| 9. | The mailing address for the limited liability company is: | JUL 23 2 | กร | |
| | 352 Sonwil Drive | | 010 | |
| | Cheektowaga, New York 14225 | BY Ch 253 | 353 | |
| | | | 9:34 | |

Form No. 450 Revised: 07/12

| 10. Management of the Limited Liability Company (check one only): | | bility Company (check <u>one</u> only): | |
|---|---|--|--|
| Α. | A. The limited liability company is to be managed by its members. (If you have checked this box, go to i No. 11 – DO <u>NOT</u> LIST ANY NAMES IN SECTION B.) | | |
| | <u>or</u> | | |
| В. | 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 and address of each manager.) | | |
| | <u>Manager</u> | <u>Address</u> | |
| _ | | | |
| _ | - | | |
| _ | | | |
| | | | |
| | This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or othe authorized officer of the jurisdiction under which the foreign limited liability company was organized. | | |
| 12. Th | . The date this Application for Registration is to become effective, if later than the date of filing, is: | | |
| | (not prior to, nor more | e 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: | July 7th, 2015 | First Choice Assets, LLC | |
| | | Print Exact Mame of Dmited Liability Company Making Application By 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 THAT "FIRST CHOICE ASSETS LLC" IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN
CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW
AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2006, AT 3:52 O'CLOCK P.M.

CERTIFICATE OF RESIGNATION OF REGISTERED AGENT WITHOUT

APPOINTMENT, FILED THE SEVENTH DAY OF MAY, A.D. 2009, AT 12:52

O'CLOCK P.M.

CERTIFICATE OF REVIVAL, FILED THE FOURTH DAY OF APRIL, A.D. 2012, AT 4:08 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "FIRST CHOICE ASSETS LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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151017579

AUTHENT CATION: 2533928

DATE: 07-07-15

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

