Filling 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 AUG -6 PM 2: 21

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	TESINC, LLC					
	This company has been duly organized in its state of formation as a low-profit limited flability company. (Check box if applicable)					
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:					
	Tesinc of Florida, LLC					
3.	The limited liability company is organized under the laws of DELAWARE					
4,	. The date of its organization is 11-15-2002					
5.	. The period of duration of the limited liability company is (if perpetual, so state) PERPETUAL					
6.						
	450 Veterans Memorial Parkway, Suite 7A	East Providence	_, RI	02914		
	(Street Address, <u>not</u> P.O. Box)	(City/Town)		(Zip Code)		
•	and the name of the resident agent at such address is					
		(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:					
	1209 ORANGE ST					
	WILMINGTON, DE 19801					
9,	The mailing address for the limited liability company is:					
	11780 U.S. HIGHWAY 1 SUITE 600					
	Palm Beach Gardens, FL 33408					

Form No. 450 Revised: 07/12 **FILED**

AUG 0 6 2015

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By 40354276

10).	Management of the Limited Liability Company (check one only):		
	A. The limited liability company is to be managed by its members. (If you have checked this box, go to No. 11 – DO NOT LIST ANY NAMES 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 filling of these Articles of Organization, state the name and address of each manager.)			
		Manager	Address	
	H. ANDREW DEFERRARI		11780 U.S. HIGHWAY 1, SUITE 600, Palm Beach Gardens, FL 33408	
	STEVEN NIELSEN		11780 U.S. HIGHWAY 1, SUITE 600, Palm Beach Gardens, FL 33408	
			11700 Old Michigan I, DOTTE 000, I ailli Dodon Gaucius, FL 33400	
,				
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		date this Application for Registration	is to become effective, if later than the date of filling, is:	
UPON FILING			,	
-	(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:	7/3	1/15	H. Andrew DeFerrari	
			Print Exact Name of Limited Liability Company Making Application	
			By $Q \supset \sim$	
			Signature of Authorized Person	

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "TESINC, 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 THIRD DAY OF AUGUST, A.D. 2015.

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

3591868 8300

151127653

DATE: 08-03-15

AUTHENTICATION: 2612321

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

