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

TARY OF STATE JORGON SPORATIONS 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:				
	Forsythe Appraisals, LLC				
	This company has been duly organized in its state of formal	tion as a low-profit limited liability compa	ny. (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				
4.	. The date of its organization is <u>0 위 기 회 200 3</u>				
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 agent in Rhode Island is:				
	222 Jefferson Boulevard, Suite 200	Warwick	, RI 02888		
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)		
	and the name of the resident agent at such address is Corporation Service Company (Name of Agent)				
7.	The secretary of state is appointed the agent of the time there is no resident agent or if the resident agent diligence.				
8.	The address of any office required to be maintained limited liability company is organized is: 222 East Little Canada Road,		on under the laws of which the		
-	St. Paul, MN 55117				
9.	The mailing address for the limited liability company is	:			
	222 East Little Canada Roa	ed. Suite 175			
_	St. Phul MN 55117				
			FILED		
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		D. C	751 M5		

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	e managed v by its members. (If you have checked this box, go to item ES IN SECTION B.)		
	<u>or</u>				
	B. The limited liability company is to be managed by one (1) or more managers. (If the limited liab company has managers at the time of the filing of these Articles of Organization, state the name 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 othe 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.		
Date	e: _	9/16/2015	Forsy the Appraisals, LLC Print Exact Name of Limited Liability Company Making Application		
			By Signature of Authorized Person		

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FORSYTHE APPRAISALS, 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FORSYTHE APPRAISALS, LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2003.

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

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SR# 20150132144

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

Authentication: 10066308

Date: 09-15-15