Filing Fee: \$50.00

ID Number: 1341127



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

TARY OF STATE OF STAT

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

| following statement for authority to transact business in the state of Khode Island under a fictitious business name. | | |
|---|---|---|
| 1. | The legal name of the applicant business corporation, limited liability company or limited partnership is: LULLABOT EDUCATION, INC. | |
| 2. | The fictitious business name to be used is DRUPALIZE.ME | |
| 3. | The state or territory under the laws of which it is in | corporated, organized or formed is RHODE ISLAND |
| 4. | The date of incorporation, organization or formation | 08/25/2015 |
| 5. | If a business corporation, the address of its registered office within Rhode Island is 222 JEFFERSON BLVD., WARWICK RI 02888 | |
| 6. | If a business corporation, the business in which it is engaged CONSULTING | |
| 7. | 7. Applicant is otherwise authorized to do business in the state of Rhode Island. | |
| | | Under penalty of perjury, I declare that the information contained herein is true and correct. |
| Date: 10/06/2015 | | LULLABOT EDUCATION, INC. |
| | 11:00 AM FILED OCT 1 5 2015 By 258481 | By Signature of Authorized Person for the Limited Liability Company Signature of Authorized Person for the Limited Liability Company |
| | (CVVC | BySignature of Authorized Person for the Limited Partnership |

Form No. 624 Revised: 12/05