

Filing Fee: \$150.00

ID Number: \_\_\_\_\_



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

**LIMITED LIABILITY COMPANY**

**APPLICATION FOR REGISTRATION**  
(To Be Filed In Duplicate)

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 APR -4 AM 9:48

Pursuant to the provisions of Section 7-16-49 of the General Laws, 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. The name of the limited liability company is:

Apextech LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

Apextech Solutions LLC

3. The limited liability company is organized under the laws of Virginia

4. The date of its organization is 12/13/2002

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:

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 Business Filings International, Inc.  
(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any 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:

2200 Wilson Blvd. Ste 810, Arlington, Virginia 22201

9. The mailing address for the limited liability company is:

2200 Wilson Blvd. Ste 810, Arlington, Virginia 22201

9:48 AM

**FILED**

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By 271555

KM

10. The limited liability company is to be managed by:

(Check one box only)

its members *or*  by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager:

<u>Manager</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

12. 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.

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: 03/28/2016

Apextech LLC  
Print Exact Name of Limited Liability Company Making Application

By   
Signature of authorized person

# Commonwealth of Virginia



## State Corporation Commission

### *CERTIFICATE OF FACT*

*I Certify the Following from the Records of the Commission:*

That ApexTech LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is December 13, 2002; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

*Signed and Sealed at Richmond on this Date:*

*March 3, 2016*

*Joel H. Peck*  
\_\_\_\_\_  
*Joel H. Peck, Clerk of the Commission*





State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

