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

RECRETARY OF STATE CORPORATIONS 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:				
	HMI Communications, LLC				
	This company has been duly organized in its state of formation	n as a low-profit limited liability comp	pany. (Check box if applicable)		
2.	The name, if different, under which it proposes to regist	er and transact business in F	Rhode Island is:		
3.	The limited liability company is organized under the law	s of Pennsylvania			
4.	. The date of its organization is February 23, 2016				
5.	The period of duration of the limited liability company is	(if perpetual, so state) Perp	etual		
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, <u>not</u> P.O. Box)	(City/Town)	(Zip Code)		
	and the name of the resident agent at such address is Corporation Service Company				
	and the name of the resident again, at such address to	(Name o	f Agent)		
7.	The secretary of state is appointed the agent of the for time there is no resident agent or if the resident agent of diligence.				
8.	The address of any office required to be maintained limited liability company is organized is:	in the state or other jurisdic	tion under the laws of which	h the	
	500 South Gravers Road, Plymouth Meeting Road, PA 1940	62			
9.	The mailing address for the limited liability company is:				
	500 South Gravers Road, Plymouth Meeting Road, PA 1946	2	FILED		
		N	MAY 2 6 2016		

Form No. 450 Revised: 07/12 By \$2 275257

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 the No. 11 – DO NOT LIST ANY NAMES IN SECTION B.)			• • • • • • • • • • • • • • • • • • • •		
	<u>or</u>				
	B. The limited liability company is to be managed very 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>		
	Da	vid J. Cox	500 South Gravers Road, Plymouth Meeting, PA 19462		
	Car	oline A. Henrich	500 South Gravers Road, Plymouth Meeting, PA 19462		
	Joseph C. Paulits IV		500 South Gravers Road, Plymouth Meeting, PA 19462		
11.	Thí au	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 effective, if later than the date of filing, is:				
		(not prior to, nor more tha	an 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	: <u> </u>	5 25 16	HMI Communications, LLC Print Exact Name of Limited Liability Company Making Application		
			By Court Hu Signature of Authorized Person		

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

05/25/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

HMI Communications, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC160525151602-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx