

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

APPLICATION FOR REGISTRATION

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN 20 PM 2:31

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. The name of the limited liability company is:

Know Ink, LLC

☐ This company has been duly organized in its state of formation as a low-profit limited liability company. (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 Missouri

4. The date of its organization is 12/10/2011

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 C T Corporation System
(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:

315 Lemay Ferry Rd. St. Louis, MO 63125

FILED ✓

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

315 Lemay Ferry Rd. St. Louis MO 63125

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- A. The limited liability company is to be managed ☐ by its members. *(If you have checked this box, go to Item No. 11 – DO NOT LIST ANY NAMES IN SECTION B.)*

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 filing of these Articles of Organization, state the name and address of each manager.)*

[illegible]

- (not prior to, nor more than 30 days after, the filing of this Application for Registration)

Date: 6/16/16

KNOWING, LLC
Print Exact Name of Limited Liability Company Making Application

By [Signature]
Signature of Authorized Person

STATE OF MISSOURI



Jason Kander
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Know Ink, LLC
LC1188506

was created under the laws of this State on the 10th day of December, 2011, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 29th day of March, 2016.


Secretary of State



Certification Number: CERT-03292016-0074