



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

**Application for Registration**  
**Foreign Limited Liability Company**  
Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, 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:

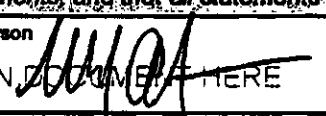
|                                                                                                                                                                                                                                                                |                       |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------|
| 1. The name of the limited liability company is:                                                                                                                                                                                                               |                       |                   |
| HKA ENTERPRISES, LLC                                                                                                                                                                                                                                           |                       |                   |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                  |                       |                   |
| The name, if different, under which it proposes to register and transact business in Rhode Island is:                                                                                                                                                          |                       |                   |
|                                                                                                                                                                                                                                                                |                       |                   |
| 2. The LLC is organized under the laws of:                                                                                                                                                                                                                     | SC                    |                   |
| 3. The date of its organization is:                                                                                                                                                                                                                            | 7/30/2002             |                   |
| And the period of its duration is: CHECK ONLY ONE BOX                                                                                                                                                                                                          |                       |                   |
| <input checked="" type="checkbox"/> Perpetual (on-going)                                                                                                                                                                                                       |                       |                   |
| <input type="checkbox"/> Date certain for dissolution _____                                                                                                                                                                                                    |                       |                   |
| 4. The name and address of the resident agent/office in Rhode Island is:                                                                                                                                                                                       |                       |                   |
| Agent Name<br>National Corporate Research, Ltd.                                                                                                                                                                                                                |                       |                   |
| Street Address (NOT a P.O. Box)<br>222 Jefferson Boulevard                                                                                                                                                                                                     |                       |                   |
| City/Town<br>Warwick                                                                                                                                                                                                                                           | State<br>RHODE ISLAND | Zip Code<br>02888 |
| 5. The Department 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. |                       |                   |
| 6. 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:                                                                                               |                       |                   |
| 337 Spartangreen Blvd., Duncan, SC 29334                                                                                                                                                                                                                       |                       |                   |

**FILED**

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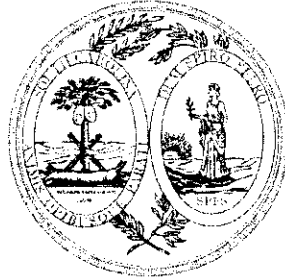
11:49

By AL 278562

|                                                                                                                                                                                                                                                     |                                                                                          |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>7. The mailing address for the limited liability company is:</b>                                                                                                                                                                                 |                                                                                          |                                                       |
| 337 Spartangreen Blvd., Duncan, SC 29334                                                                                                                                                                                                            |                                                                                          |                                                       |
| <b>8. Management of the Limited Liability Company:</b>                                                                                                                                                                                              |                                                                                          |                                                       |
| The limited liability company is managed:                                                                                                                                                                                                           |                                                                                          |                                                       |
| <input checked="" type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)                                                                                                               |                                                                                          |                                                       |
| <input type="checkbox"/> By one (1) or more managers (List managers below)                                                                                                                                                                          |                                                                                          |                                                       |
| <b>MANAGER</b>                                                                                                                                                                                                                                      | <b>ADDRESS</b>                                                                           |                                                       |
|                                                                                                                                                                                                                                                     |                                                                                          |                                                       |
|                                                                                                                                                                                                                                                     |                                                                                          |                                                       |
|                                                                                                                                                                                                                                                     |                                                                                          |                                                       |
|                                                                                                                                                                                                                                                     |                                                                                          |                                                       |
| <b>9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.</b> |                                                                                          |                                                       |
| <b>10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX</b>                                                                                                                                         |                                                                                          |                                                       |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                                                                     |                                                                                          |                                                       |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____                                                                                                                                      |                                                                                          |                                                       |
| <i>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.</i>                                |                                                                                          |                                                       |
| Signature of Authorized Person<br><div style="text-align: center;">SIGN DOCUMENT HERE </div>                                                                     | Type or Print Name of LLC<br><div style="text-align: center;">HKA Enterprises, LLC</div> | Date<br><div style="text-align: center;">7/5/16</div> |

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

# *The State of South Carolina*



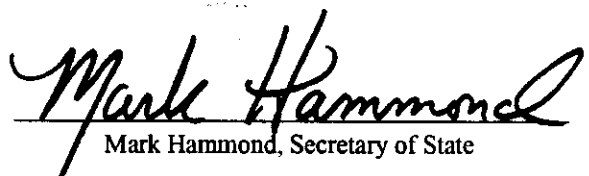
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

**HKA ENTERPRISES, LLC,**  
a limited liability company duly organized under the laws of the State of South Carolina on July 30th, 2002, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 5th day  
of July, 2016.

  
Mark Hammond, Secretary of State