

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

2016 JUL 21 PM 3:12
SECRETARY OF STATE
CORPORATIONS DIV

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

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: Wexford One Ship, LLC
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 Delaware
4. The date of its organization is July 19, 2016
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
and the name of the resident agent at such address is C T Corporation System
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: 1209 Orange Street, Wilmington, DE 19801
9. The mailing address for the limited liability company is: 17190 Bernardo Center Drive, San Diego, CA 92128

Form No. 450
Revised: 07/12

FILED

JUL 21 2016

BY CK 279637
3:12

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 this box, go to Item No. 11 – DO NOT LIST ANY NAMES IN SECTION B.)*

*or*

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.)*

Manager

Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. 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 than 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: July 20, 2016

Wexford One Ship, LLC  
Print Exact Name of Limited Liability Company Making Application

By   
Signature of Authorized Person

# Delaware

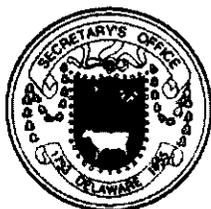
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEXFORD ONE SHIP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

2016 JUN 21 PM 3:12  
RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV



  
Jeffrey W. Bullock, Secretary of State

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SR# 20165014729

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202697862

Date: 07-21-16



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*

