

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

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:

GC3, 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 Iowa

4. The date of its organization is 03/30/1995

5. The period of duration of the limited liability company is (if perpetual, so state) 03/30/2070

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 CT 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:

1200 12th St. Ste 201

West Des Moines IA 50265

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

1200 12th St. Ste 201

West Des Moines IA 50265

FILED

AUG 25 2016

By 282149

A.A. 11:52 A.M.

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.)*

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

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)

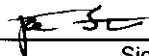
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 8/23/2016

GCB, LLC

Print Exact Name of Limited Liability Company Making Application

By



Signature of Authorized Person

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Date: 8/23/2016

Name: GC3, LLC (489DLC - 184540)

Date of Incorporation: 3/30/1995

Duration: 3/30/2070

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following or the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

2016 AUG 23 09:11:53
IOWA SECRETARY OF STATE
PAUL D. PATE

Certificate ID: CS125276

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

A handwritten signature of Paul D. Pate in black ink.
Paul D. Pate, Iowa Secretary of State