

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:

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The name of the limited liability company is:		
ARSR Alpine, LLC		
ls this company organized in its state or country of formation as a low-profit limited liability company? Yes No 🗸		
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:	Delaware	
3. The date of its organization is:	05-31-2007	
And the period of its duration is: CHECK ONLY ONE BOX		
Perpetual (on-going)		4
Date certain for dissolution		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 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:		
333 Earle Ovington Blvd., Suite 900, Uniondale, NY 11553		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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By \$ 284036

7. The mailing address for the limited liability company is:			
333 Earle Ovington Blvd., Suite 900, Ur	niondale, NY 11553		
8. Management of the Limited Liability Co	ompany:		
The limited liability company is managed:			
	d this box, go to Section 9. (DO NOT fill out the chart below.)		
By one (1) or more managers (List m	nanagers below)		
MANAGER	ADDRESS		
	ertificate of Good Standing/Letter of Status issued by the proper officer of the tis formed that is dated within 60 days of the filing of this document.		
10. Date when this application for Certifica	ate of Registration will be effective: CHECK ONLY ONE BOX		
✓ Date received (Upon filing)			
Later effective date (Date must be no	more than 30 days from the day of filing)		
	firm that I have examined this Application for Registration, including any statements contained herein are true and correct.		
Type or Print Name of LLC	Date		
ARSR ALPINE, LLC	Date 9 16 16		
Signature of Adthorized Person	SIGN DOCUMENT HERE		
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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ARSR ALPINE, 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARSR ALPINE, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2007.

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

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Authentication: 203014575

Date: 09-19-16

4362009 8300

SR# 20165835429
You may verify this certificate online at corp.delaware.gov/authver.shtml

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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

