

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, 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:

2016 OCT -3	R.I. DEPT. BUS SV
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parpose submits the following statement.		
The name of the limited liability company is:		· · · · · · · · · · · · · · · · · · ·
EN POINTE IT SOLUTIONS, LLC		
Is this company organized in its state or country of formati	ion as a low-profit limited liability	company? Yes No
The name, if different, under which it proposes to register and	d transact business in Rhode Isl	and is:

2. The LLC is organized under the laws of:	Delaware	
3. The date of its organization is:	03/23/2016	
And the period of its duration is: CHECK ONLY ONE BOX		
✓ Perpetual (on-going)		
Date certain for dissolution		
4. The name and address of the resident agent/office in Rhoo	de Island is:	
Agent Name C T Corporation System		
Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Pa	arkway, Suite 7A	
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
The Department of State is appointed the agent of the fore time there is no resident agent or if the resident agent cannot diligence.		
6. The address of any office required to be maintained in the liability company is organized is:	state or other jurisdiction under	the laws of which the limited

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 "

OCT 03 2016

BY CA 284965

FORM 450 - Revised: 05/2016

7. The mailing address for the limited liability company is:		
2121 Rosecrans Ave. #4310, El Segundo, CA 90245-4743		
8. Management of the Limited Liability Company:		
The limited liability company is managed:		
By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)		
✓ By one (1) or more managers (List managers below)		
MANAGER	ADDRESS	
Kris Rogers	2121 Rosecrans Ave. #4310, El Segundo, CA 90245-4743	
Firdous Hakim	2121 Rosecrans Ave. #4310, El Segundo, CA 90245-4743	
Ramsey Hakim	2121 Rosecrans Ave. #4310, El Segundo, CA 90245-4743	
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.		
10. Date when this application for Certificate 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)		
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.		
Type or Print Name of LLC Date		
Kris Rogers 9/29/16		
Signature of Authorized Person		
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EN POINTE IT SOLUTIONS, 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-SEVENTH DAY OF SEPTEMBER, A.D. 2016.

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

Authentication: 203068367

Date: 09-27-16