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

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APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode

IŞI	land, and for that purpose submits the following stateme	ent:			
1.	The name of the limited liability company is:				
	Steel River Systems, LLC				
	This company has been duly organized in its state of forma	ation as a low-profit limited liability compa	any. (Check box if applicable)		
2.	The name, if different, under which it proposes to reg	ister and transact business in R	hode Island is:		
3.	. The limited liability company is organized under the laws of L				
4.	The date of its organization is 12/7/2015				
5.	The period of duration of the limited liability company	is (if perpetual, so state) Perpe	tual		
6.	The address of the limited liability company's resident	t agent in Rhode Island is:			
	450 Veterans Memorial Parkway - Suite 7A	East Providence	DI 02044		
	(Street Address, not P.O. Box)	(City/Town)	, RI 02914 (Zip Code)		
	and the name of the resident agent at such address is	S CT Corporation System			
	Ç	(Name of	Agent)		
7.	The secretary of state is appointed the agent of the time there is no resident agent or if the resident agen diligence.	foreign limited liability company t cannot be found or served follo	for service of process if at any owing the exercise of reasonable		
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:				
	405 W. Rock Falls Road Rock Falls, IL 61071				
9.	The mailing address for the limited liability company is	3:			
	405 W. Rock Falls Road Rock Falls, IL 61071		11:14 AM		
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Form No. 450 Revised: 07/12			OCT 0 6 2016		
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10.	Management of the Limited L	iability Company (check <u>one</u> only):		
ļ	A. The limited liability company in No. 11 – DO NOT LIST ANY	is to be managed wy its members. (If you have checked this box, go to item NAMES IN SECTION B.)		
		<u>or</u>		
E	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 a address of each manager.)			
	<u>Manager</u>	<u>Address</u>		
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11. T	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. T	he date this Application for Regi	stration is to become effective, if later than the date of filing, is:		
U	Jpon approval			
	(not prior to, nor me	ore 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:	September 22, 2016	Steel River Systems, LLC		
		Print Exact Name of Limited Liability Company Making Application		
		By //		
		Signature of Authorized Person		

File Number

0551512-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

STEEL RIVER SYSTEMS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 07, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 31ST day of AUGUST A.D. 2016.

Authentication #: 1624400794 verifiable until 08/31/2017
Authenticate at: http://www.cyberdriveillinois.com

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SECRETARY OF STATE