Department of State - Business Services	Division	[
Application for Registration FOREIGN Limited Liability Company		2016 OCT
→ Filing Fee: \$150.00		<b>2</b> 35
Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for applies for a Certificate of Registration to transact business in purpose submits the following statement:	oreign limited liability company h the state of Rhode Island, and f	nereby 5
The name of the limited liability company is:		.; · · ·
Echologics, LLC		21
Is this company organized in its state or country of formati	on as a low-profit limited liability	company? Yes No ✓
The name, if different, under which it proposes to register and	I transact business in Rhode Isl	and is:
-		
2. The LLC is organized under the laws of:	Delaware	
3. The date of its organization is:	January 10, 2011	
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 Rhod	e Island is:	
Agent Name CT Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial His	ghway, Suite 7A	
City/Town East Providence	State RHODE ISLAND	Zip Code <b>02914</b>

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

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:
160 Gelenteer Drive Ste. 101, Dover, DE 19904

MAIL TO:

diligence.

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

State of Phode Island and Providence Plantations

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 0 6 2016 212

BY\_Cu-285382

7. The mailing address for the limited liability company is:			
1200 Abernathy Road, NE, Suite 1200, J	Atlanta, Georgia 30328		
8. Management of the Limited Liability Co.	mpany:		
The limited liability company is managed:			
✓ By its members (If you have checked)	this box, go to Section 9. (DO NOT fill out the char	t below.)	
By one (1) or more managers (List ma	anagers below)		
MANAGER	ADDRESS		
<ol><li>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.</li></ol>			
	ite of Registration will be effective: CHECK ONLY C		
✓ 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 affile accompanying attachments, and that all st	rm that I have examined this Application for Registr latements contained herein are true and correct.	ation, including any	
Type or Print Name of LLC		Date	
Echologics, LLC		10-05-2016	
Signature of Authorized Person	SIGN DOCUMENT HERE Kristi Cray	wford	
-14	Kilsh Old		

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ECHOLOGICS, 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 FIFTH DAY OF OCTOBER, A.D. 2016.

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

Authentication: 203115610

Date: 10-05-16

4924813 8300 SR# 20166088275 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

