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 BUSINESS DIVISION  
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**Registration of Limited Liability Partnership**  
 DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:

1. The name of the limited liability partnership is: <b>MIKIM REALTY, LLP.</b>		
2. The address of the principal office is:		
Street Address <b>30 Celestial Drive</b>		
City/Town <b>Narragansett</b>	State <b>RI</b>	Zip Code <b>02882</b>
3. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/ office in Rhode Island is:		
Agent Name <b>DONALD M. GREGORY II, ESQ.</b>		
Street Address (NOT a P.O. Box) <b>7630 Post Road</b>		
City/Town <b>North Kingstown</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02852</b>
4. The name and address of all resident partners is:		
NAME	ADDRESS	
<b>MICHAEL HENRY</b>	<b>680 Annaquatucket Road, North Kingstown, RI 02852</b>	
<b>KIMBERLY HENRY</b>	<b>680 Annaquatucket Road, North Kingstown, RI 02852</b>	
Check the box to indicate an attachment. <input type="checkbox"/>		

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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 by 286081  
 KM

5. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:

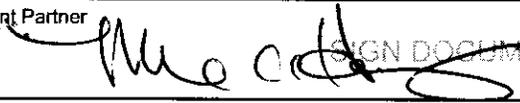
Street Address <b>30 Celestial Drive</b>		
City/Town <b>Narragansett</b>	State <b>RI</b>	Zip Code <b>02882</b>

6. A brief statement of the business in which the partnership is engaged:  
**ownership and management of real estate**

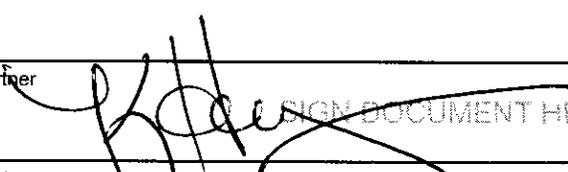
7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

*Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Partner <b>MICHAEL HENRY</b>	Date <b>10/12/2016</b>
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Signature of Resident Partner  SIGN DOCUMENT HERE

Type or Print Name of Partner <b>KIMBERLY HENRY</b>	Date <b>10/12/2016</b>
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Signature of Resident Partner  SIGN DOCUMENT HERE

Type or Print Name of Partner	Date
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Signature of Resident Partner SIGN DOCUMENT HERE