

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:

R.I. DEPT. OF STATE BUS SVCS DIV

purpose submits the following statement:		<u></u>
The name of the limited liability company is:		
Xcaliber International, Ltd., L.L.C.		
Is this company organized in its state or country of format	ion as a low-profit limited liabili	ty company? Yes No./
The name, if different, under which it proposes to register and	d transact business in Rhode I	sland is:
The LLC is organized under the laws of: Oklahoma		
3. The date of its organization is: June 4, 2001		ACTIVE Management ages are a real rangement of a special and an extra section of the section of
And the period of its duration is: CHECK ONLY ONE EOX		
✓ Perpetual (on-going)		
Date certain for dissolution		
4. The name and address of the resident agent/office in Rhoo	de Island is:	
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard,	Suite 200	
City/Town Warwi ck	State RHODE ISLAND	Zip Code 62888
The Department of State is appointed the agent of the foreitime there is no resident agent or if the resident agent cannot diligence.	ign limited liability company for be found or served following th	service of process if at any ne exercise of reasonable
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
One Tobacco Road, Pryor, OK 74361		į

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 2 © 2016

BY 28658 /
FORM 450 - Revised: 08/2016

7. The mailing address for the limited liability company is:		
One Tobacco Road, Pryor, Oklahoma 74361		
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 m	anagers below)	
MANAGER	ADDRESS	
Lee I. Levinson	One Tobacco Road, Pryor, OK 74361	
Bruce M. Taylor	One Tobacco Road, Pryor, OK 74361	
 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		
Lee I. Levinson, Member-Manager, on behalf of Xcaliber International, Ltd., L.L.C.		
Signature of Authorized Person	SIGN DOCUMENT HERE	



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I can, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that XCALIBER INTERNATIONAL LTD., L.L.C. whose registered agent is LEE I. LEVINSON, with its registered office at 1743 EAST 71ST STREET TULSA 74136 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>11th</u>, day of <u>October</u>, <u>2016</u>.

Secretary Of State