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 R.I. DEPARTMENT OF STATE
 BUSINESS DIV.
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Application for Registration
 FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, 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:

1. The name of the limited liability company is:		
BCPLoan Partners LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: Delaware		
3. The date of its organization is: 8/4/2016		
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Bluedog Capital Partners, LLC		
Street Address (<u>NOT</u> a P.O. Box) 1 Custom House Street, Suite 4		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
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 diligence.		
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:		
1 Custom House Street, Suite 4, Providence, RI 02903		

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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7. The mailing address for the limited liability company is:
1 Custom House Street, Suite 4, Providence, RI 02903

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
Richard R. Tasca	1 Custom House St, Suite 4, Providence, RI 02903

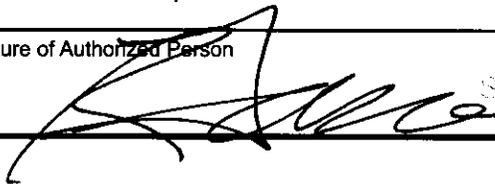
9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.

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 BCPLoan Partners, LLC	Date 10/24/2016
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Signature of Authorized Person
 SIGN DOCUMENT HERE

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BCPLOAN PARTNERS, 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 SAID "BCPLOAN PARTNERS, LLC" WAS FORMED ON THE FOURTH DAY OF AUGUST, A.D. 2016.

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Jeffrey W. Bullock, Secretary of State

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You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203068052

Date: 09-27-16