

State of Rhode Island and Providence Plantations Department of State - Business Services Division 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

## 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	er o
Certificate of Registration to transact business in the state of Rhode Island, and for that purpose sub	mits the fo	llowing
statement:	23	F1

1. The name of the limited liability comp	pany is:	<u></u>	·
SIMPLEVIEW LLC			
Is this company organized in its state	e or country of format	tion as a low-pro	fit limited liability company? Yes 🔲 No 🔀
The name, if different, under which it pr	oposes to register a	nd transact busir	ess in Rhode Island is:
2. The LLC is organized under the laws	of:	NORTH CAI	ROLINA
3. The date of its organization is:		MARCH 11,	2013
And the period of its duration is: CHEC	K ONLY ONE BOX		
Perpetual (on-going)			
Date certain for dissolution			
4. The name and address of the resider	nt agent/office in Rho	de Island is:	
Agent Name C T CORPORATION	SYSTEM		
Street Address ( <u>NOT</u> a P.O. Box) <b>450</b>	VETERANS MEN	IORIAL PAR	KWAY, SUITE 7A
City/Town EAST PROVIDENCE	State RHODE	ISLAND	Zip Code 02914
			ity company for service of process if at any rved following the exercise of reasonable
6. The address of any office required to limited liability company is organized is:		state or other ju	risdiction under the laws of which the
7458 N. LA CHOLLA BLVD SUI	TE 100. TUCSON	. AZ 85741	

FILED				
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7	The mailing	address fr	or the	limited	liahility	company	/ ie:
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### 7458 N. LA CHOLLA BLVD., SUITE 100, TUCSON, AZ 85741

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		
			·
	npanied by a Certificate of Good S aws of which it is formed that is da		
10. Date when this applicat	ion for Certificate of Registration w	vill be effective: CHECK ONLY ON	IE BOX
Date received (Upon fi	ling)		
Later effective date (Da	ate must be no more than 30 days	from the day of filing)	
	leclare and affirm that I have exan s, and that all statements contained		ion, including any
Signature of Authorized Person	11 Vice President	Type or Print Name of LLC	Date
A entt Hugedated	Vice President	SIMPLEVIEW LLC	12-8-16

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



# **NORTH CAROLINA** Department of the Secretary of State

## **CERTIFICATE OF EXISTENCE** (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### SIMPLEVIEW LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 11th day of March, 2013, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

Certification# 99476787-1 Reference# 13437568-ACH Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of December, 2016.

Elaine I. Marshall

Secretary of State



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

#### 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:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

