



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

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 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES
 2016 DEC 09 AM 10:23

Application for Registration
FOREIGN Limited Liability Company
 Filing Fee: \$150.00

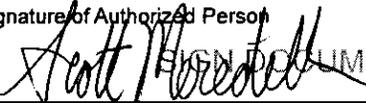
Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

| | | |
|--|---------------------------|-----------------------|
| 1. The name of the limited liability company is: | | |
| SIMPLEVIEW 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: | NORTH CAROLINA | |
| 3. The date of its organization is: | MARCH 11, 2013 | |
| 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 C T CORPORATION SYSTEM | | |
| Street Address (NOT a P.O. Box) 450 VETERANS MEMORIAL PARKWAY, SUITE 7A | | |
| City/Town EAST PROVIDENCE | State RHODE ISLAND | Zip Code 02914 |
| 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: | | |
| 7458 N. LA CHOLLA BLVD SUITE 100, TUCSON, AZ 85741 | | |

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|--|--|------------------------|
| 7. The mailing address for the limited liability company is: | | |
| 7458 N. LA CHOLLA BLVD., SUITE 100, TUCSON, AZ 85741 | | |
| 8. Management of the Limited Liability Company: | | |
| The limited liability company is managed: | | |
| <input checked="" type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.) | | |
| <input type="checkbox"/> By one (1) or more managers (List managers below) | | |
| MANAGER | ADDRESS | |
| | | |
| | | |
| | | |
| | | |
| 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 | | |
| <input checked="" type="checkbox"/> Date received (Upon filing) | | |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____ | | |
| <i>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.</i> | | |
| Signature of Authorized Person  | Type or Print Name of LLC SIMPLEVIEW LLC | Date 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.

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 F. Marshall

Secretary of State