



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

2017 JAN 17 PM 12:34
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STATE
SECRETARY OF STATE
USE ONLY

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:		
Wellington 525, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
Wellington 525, LLC		
2. The LLC is organized under the laws of: Florida		
3. The date of its organization is: January 9, 2017		
And the period of its duration is: CHECK ONLY ONE BOX		
☒ Perpetual (on-going)		
☐ Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Robert Lieberman		
Street Address (<u>NOT</u> a P.O. Box) 4 Fore Royal Ct.		
City/Town Jamestown	State RHODE ISLAND	Zip Code 02835
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:		
2620 South Tamiami Trail, Sarasota, FL 34239		

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:

2620 South Tamiami Trail, Sarasota FL 34239

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
Gary R. Jodat	2620 South Tamiami Trail, Sarasota, FL 34239

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.

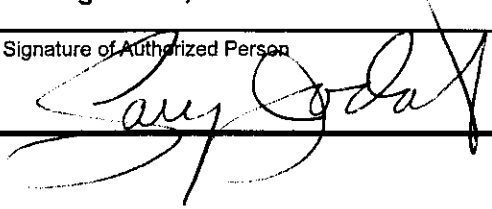
Type or Print Name of LLC

Wellington 525, LLC

Date

1-12-2017

Signature of Authorized Person

 SIGN DOCUMENT HERE

Certificate of Status

I certify from the records of this office that WELLINGTON 525, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on January 09, 2017, effective January 09, 2017.

The document number of this company is L17000007041.

I further certify that said company has paid all fees due this office through December 31, 2017, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 170112094502-900294096969#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twelfth day of January, 2017



Ken Detzner
Ken Detzner
Secretary of State

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R.I. DEPT. OF STATE
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