

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:

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| purpose submits the following statement: | | | | |
|--|---|---|--|--|
| The name of the limited liability company is: | | (a) [1] | | |
| Bellevue Avenue Ventures, LLC | | | | |
| ls this company organized in its state or country of formati | on as a low-profit limited liabili | ty company? Yes No | | |
| The name, if different, under which it proposes to register and | I transact business in Rhode I | sland is: | | |
| | | | | |
| 2. The LLC is organized under the laws of: Delaware | | | | |
| 3. The date of its organization is: February 8, 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 Metropolitan Wealth Management, LLC | | | | |
| Street Address (NOT a P.O. Box) 222 Believue Avenue | | | | |
| City/Town Newport | State RHODE ISLAND | Zip Code 02840 | | |
| The Department of State is appointed the agent of the foreitime there is no resident agent or if the resident agent cannot diligence. | gn limited liability company fo be found or served following t | r service of process if at any he exercise of reasonable | | |
| 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: | | | | |
| c/o CSC, 2711 Centerville Road, Suite 400, Wilmington, Di | E 19808 | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 1 0 2017

By 295457

| 7. The mailing address for the limited liability company is: | | | | |
|--|--|------------|--|--|
| 222 Bellevue Avenue, Newport, Ri 02840 | | | | |
| 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 | | | |
| 1899 Management, LLC | 222 Bellevue Avenue, Newport, RI 02840 | | | |
| | | | | |
| | | | | |
| | | | | |
| 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 | | Date | | |
| Bellevue Avenue Ventures, LLC | | 02/09/2017 | | |
| Signature of Authorized Person | | | | |
| Signature of Authorized Person Sygni Dan UKS NT MERKE On A Bure Sygni Dan UKS NT MERKE | | | | |
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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BELLEVUE AVENUE VENTURES, 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 NINTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BELLEVUE AVENUE VENTURES, LLC" WAS FORMED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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Authentication: 202010545

Date: 02-09-17

6310682 8300 SR# 20170763103 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

