State of Rhode Island and Providence Plantations		
Department of State - Business Services	Division	917
Picer		FEB FEB
Application for Registration		
FOREIGN Limited Liability Company		28 28
→ Filing Fee: \$150.00		o c
		P 37
Pursuant to the provisions of RIGL 7-16-49, the undersigned	foreign limited liability company	hereby $\overline{\Sigma}$
applies for a Certificate of Registration to transact business in	the state of Rhode Island, and	for that
purpose submits the following statement:		
The name of the limited liability company is:		
Maicom Solutions, LLC		
Is this company organized in its state or country of format		
The name, if different, under which it proposes to register an	d transact business in Rhode Is	sland is:
2. The LLC is organized under the laws of:		
2. The 220 is organized under the laws of. Delaware		
3. The date of its organization is: December 14, 2016		
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 Rhoo	le Island is:	
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard,	Suite 200	
City/Town Warwick	State	Zip Code
WEIWICK	RHODE ISLAND	02888
The Department of State is appointed the agent of the fore- time there is no resident agent or if the resident agent cannot diligence.	gn limited liability company for be found or served following th	service of process if at any e exercise of reasonable
3. The address of any office required to be maintained in the	state or other jurisdiction under	the laws of which the limited
iablity company is organized is:		
		.

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

FEB 28 2017

By 297010

FORM 450 - Revised: 08/2016

7 Th				
7. The mailing address for the limited liability company is:				
85 Flagship Drive, Unit J, North Andover, MA 01845				
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			
LouisAlexandre Pfyffer vonAitishofen	85 Flagship Drive, Unit J, North Andover, MA 01845			
Karnig Porter	85 Flagship Drive, Unit J, North Andover, MA 01845			
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 80 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 parjury, 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		Dete		
Malcom Solutions, LLC		02/23/2017		
Signature of Authorized Person Sign BOCUMENT HERE				

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MAICOM SOLUTIONS, 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-THIRD DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAICOM SOLUTIONS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2016.

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

AVO O CONTRACTOR OF THE PARTY O

Authentication: 201913316

Date: 01-23-17

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SR# 20170379982