



RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 MAR 10 AM 11:51

**Notice of Registration**  
 FOREIGN Limited Liability Partnership  
 → Filing Fee: \$1,000.00

The undersigned, foreign registered limited liability partnership in accordance with RIGL 7-12-59, submits notice of its intent to transact business in the state of Rhode Island and for that purpose makes the following statement:

1. The name of the foreign limited liability partnership shall be:		
<b>Nelson Mullins Riley &amp; Scarborough LLP</b>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is:		
<b>South Carolina</b>		
3. The address of the principal office is:		
Address <b>1320 Main Street, 17th Floor</b>		
City/Town <b>Columbia</b>	State <b>SC</b>	Zip Code <b>29201</b>
4. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/office in Rhode Island is:		
Agent Name <b>CT Corporation System</b>		
Street Address (NOT a P.O. Box) <b>450 Veterans Memorial Parkway, Suite 7A</b>		
City/Town <b>East Providence</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02914</b>

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 MAR 13 AM 8:35

**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<sup>m</sup>**  
**MAR 13 2017**  
 BY CU 298031  
 8:35

5. The name and address of all resident partners in Rhode Island is:

NAME	ADDRESS
None	

Check the box to indicate an attachment.

6. A brief statement of the business in which the partnership is engaged:

The practice of law.

Check the box to indicate an attachment.

7. Any other information that the partnership determines to include:

Check the box to indicate an attachment.

8. The partnership is a Registered Limited Liability Partnership. The notice shall be effective for 2 (two) years from the date of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for filing a new notice.

*Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Foreign Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Partner <b>James C. Gray, Jr.</b>	Date <b>3/9/17</b>
--	-----------------------

Signature of Partner 	SIGN DOCUMENT HERE
---	--------------------

Type or Print Name of Partner	Date
-------------------------------	------

Signature of Partner	SIGN DOCUMENT HERE
----------------------	--------------------

Type or Print Name of Partner	Date
-------------------------------	------

Signature of Partner	SIGN DOCUMENT HERE
----------------------	--------------------

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

**NELSON MULLINS RILEY & SCARBOROUGH, LLP,**  
a limited liability partnership duly organized under the laws of the State of South Carolina and registered on September 19th, 2016, and has a duration of one (1) year from the date of filing pursuant to S.C. Code Ann. §33-41-1110, and has not filed a notice of dissolution as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 8th day  
of March, 2017.

  
Mark Hammond, Secretary of State