## R. DES SUSS DIVIES

## Application for Registration

**FOREIGN Limited Liability Company** 

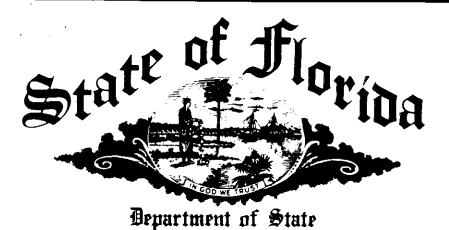
→ Filing Fee: \$150.00

Phone: (401) 222-3040 Website: www.sos.ri.gov

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:

purpose submits the following statement:		
The name of the limited liability company is:		······································
AMERIQUEST REMARKETING SERVICES, LLC		
Is this company organized in its state or country of format	tion as a low-profit limited liabili	ity company? Yes No ✓
The name, if different, under which it proposes to register an		
The LLC is organized under the laws of:  FL		
3. The date of its organization is: 12/29/2016 .		
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 Rho	de Island is:	
Agent Name C T CORPORATION SYSTEM		
Street Address (NOT a P.O. Box) 450 VETERANS MEMORI	AL PARKWAY, SUITE 7A	
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip Code <b>02914</b>
5. The Department of State is appointed the agent of the fore time there is no resident agent or if the resident agent cannot diligence.	ign limited liability company for 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 liability company is organized is:	state or other jurisdiction unde	r the laws of which the limited
12530 W. ATLANTIC BLVD, CORAL SPRINGS, FL 33071		
FILED		
MAIL TO: Division of Business Services  APR 2 6 20	7	
Division of Business Services 4 시 시 전 2년 48 W. River Street, Providence, Rhode Island 02904-2615	V 51:01₩V 92}	13¥ 11 <b>0</b> 2

7. The mailing address for the limited liability company is:				
457 HADDONFIELD RD. SUITE 220, CHERRY HILL, NJ 08002				
8. Management of the Limited Liability Co	трапу:			
The limited liability company is managed:				
☑ By its members (If you have checked	this box, go to Section 9. (DO NOT fill out the cha	art below.)		
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				
✓ 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 affil accompanying attachments, and that all st	rm that I have examined this Application for Regis atements contained herein are true and correct.	tration, including any		
Type or Print Name of LLC		Date		
AMERIQUEST REMARKETING SERVICES, LLC 4/3/17				
Signature of Authorized Person				
Much P Jan SIGN DOCUMENT HERE				



I certify the attached is a true and correct copy of the Articles of Conversion, and Articles Organization, filed on December 29, 2016. effective December 30, 2016, with an organizational date deemed effective December 30, 2016, for AMERIQUEST REMARKETING SERVICES, LLC, the resulting Florida Limited Liability Company, as shown by the records of this office.

The document number of this entity is L16000233635.

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

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Ren Hetzn**e**r Secretary of State