



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

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BUS. SVCS. DIV.  
2017 APR 26 AM 11:57

**Application for Registration**  
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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:   |                    |                |
| G & F Group, LLC   |                    |                |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                    |                |
| The name, if different, under which it proposes to register and transact business in Rhode Island is:  |                    |                |
|  |                    |                |
| 2. The LLC is organized under the laws of: Georgia   |                    |                |
| 3. The date of its organization is: 6/3/2009   |                    |                |
| And the period of its duration is: CHECK ONLY ONE BOX  |                    |                |
| <input checked="" type="checkbox"/> Perpetual (on-going)   |                    |                |
| <input type="checkbox"/> Date certain for dissolution _____  |                    |                |
| 4. The name and address of the resident agent/office in Rhode Island is:   |                    |                |
| Agent Name Capitol Corporate Services, Inc.  |                    |                |
| Street Address (NOT a P.O. Box) 222 Jefferson Blvd Ste 200   |                    |                |
| City/Town Warwick  | State RHODE ISLAND | Zip Code 02888 |
| 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:   |                    |                |
| 230 Industrial Park Rd<br>Baldwin, GA 30511  |                    |                |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

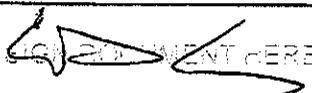
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BY 302191

FORM 450 - Revised: 08/2016

A. A. W. 5711 m.

|  |                    |
|--|--------------------|
| 7. The mailing address for the limited liability company is:<br>230 Industrial Park Rd<br>Baldwin, GA 30511  |                    |
| 8. Management of the Limited Liability Company:<br>The limited liability company is managed:<br><input checked="checked" type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)<br><input type="checkbox"/> 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: <b>CHECK ONLY ONE BOX</b>  |                    |
| <input checked="checked" type="checkbox"/> Date received (Upon filing)   |                    |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____   |                    |
| <i>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.</i>   |                    |
| Type or Print Name of LLC<br>G & F Group, LLC  | Date<br>04/24/2017 |
| Signature of Authorized Person<br><div style="text-align: center;">  </div>   |                    |

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### **G & F GROUP LLC**

#### **a Domestic Limited Liability Company**

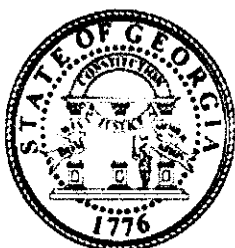
was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

|                     |              |
|---------------------|--------------|
| Docket Number       | : 14158928   |
| Date Inc/Auth/Filed | : 06/08/2009 |
| Jurisdiction        | : Georgia    |
| Print Date          | : 03/06/2017 |
| Form Number         | : 211        |

2017 APR 26 PM 4:57  
R.I. DEPT OF STATE  
DIVISION



*B. P. Kemp*

Brian P. Kemp  
Secretary of State



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

April 26, 2017 11:57 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

