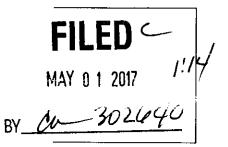
State of Rhode Island and Providence Plantations Department of State - Business Services Application for Registration FOREIGN Limited Liability Company → Filing Fee: \$150.00	Division	R.I. DEVICUE STATE		
Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned tapplies for a Certificate of Registration to transact business in purpose submits the following statement:	oreign limited liability company l the state of Rhode Island, and i	for that		
1. The name of the limited liability company is:	· · · · · · · · · · · · · · · · · · ·			
The SSI Group, LLC				
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No				
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: Florida				
3. The date of its organization is: 09/05/1986				
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 Corporation Service Company				
Street Address ( <u>NOT</u> a P.O. Box) 222 Jefferson Boulevard,	Suite 200			
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		
<ol> <li>The Department of State is appointed the agent of the fore time there is no resident agent or if the resident agent cannot diligence.</li> </ol>	ign limited liability company for s be found or served following the	service of process if at any e exercise of reasonable		
6. The address of any office required to be maintained in the liability company is organized is:	state or other jurisdiction under	the laws of which the limited		
4721 Morrison Drive, Mobile, AL 36609				

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



7. The mailing address for the lin	ited liability company is:	
4721 Morrison Drive, Mobile, A	L 36609	
8. Management of the Limited Lia	bility Company:	
The limited liability company is m	anaged:	an a
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 manager	s (List managers below)	
MANAGER	ADDRESS	
See attached		
9. This application is accompanie state or country under the laws of	d by a Certificate of Good Stand which it is formed that is dated y	ding/Letter of Status issued by the proper officer of the within 60 days of the filing of this document.
		e effective: CHECK ONLY ONE BOX
✓ Date received (Upon filing)		
Later effective date (Date mu	st be no more than 30 days from	m the day of filing)
Under penalty of perjury, I declare accompanying attachments, and t	and affirm that I have examined hat all statements contained her	d this Application for Registration, including any rein are true and correct.
Type or Print Name of LLC	·····	Date
The SSI Group, LLC	6	4/21/2017
Signature of Authorized Person	SIGN DOCUME	NT HERE

## THE SSI GROUP, LLC

## Managers

•

Celia Wallace - 4721 Morrison Drive, Mobile AL 36609 Gerald L. Wallace, Jr. - 4721 Morrison Drive, Mobile AL 36609 Kristen Rudolph - 4721 Morrison Drive, Mobile AL 36609 James Brooks - 4721 Morrison Drive, Mobile AL 36609 Bobby Smith - 4721 Morrison Drive, Mobile AL 36609

## State of Florida Department of State

I certify from the records of this office that THE SSI GROUP, LLC is a limited liability company organized under the laws of the State of Florida, filed on December 30, 2016, effective September 5, 1986.

The document number of this limited liability company is L17000000347.

I further certify that said limited liability company has paid all fees due this office through December 31, 2016 and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-sixth day of April, 2017



Ken Deton

Secretary of State

Tracking Number: CU6783085777

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication



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:

May 01, 2017 01:14 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

