

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

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a

# R.1. WAY 22 AH 9: 56

# **Application for Registration FOREIGN Limited Liability Company**

Filing Fee: \$150.00

1. The name of the limited liability comp				
BITRONICS, LLC			ta 1.1), Walter and Jacobs	
Is this company organized in its state	or country of format	ion on a low pro	ofit limited liability	company? Yes No
The name, if different, under which it pro	oposes to register a	nd transact busi	ness in Knode Isla	ind is:
2. The LLC is organized under the laws of:		Pennsylvania		
3. The date of its organization is:		April 21, 2008		
And the period of its duration is: CHECI	K ONLY ONE BOX	· · · · · · · · · · · · · · · · · · ·		
X Perpetual (on-going)				
X respectati (on-going)				
Date certain for dissolution				
4. The name and address of the residen	t agent/office in Rho	de Island is:		
Agent Name Mark P. Dolan				
Street Address (NOT a P.O. Box) 72 Pi	ne Street, Suite	300		
City/Town Providence	State RHODE	ISLAND	Zip Code 029	903
5. The Department of State is appointed time there is no resident agent or if the ridiligence.	esident agent canno	ot be found or se	erved following the	exercise of reasonable
6. The address of any office required to limited liability company is organized is:	be maintained in the	state or other j	urisdiction under t	he laws of which the
1720 Molasses Way, Quakerto				

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BY Ch 304167

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Form No. 450 Revised: 2016

7. The mailing address for the limited liability company is:						
1720 Molasses Way, Quakertown, PA 18951						
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					
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						
X 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 affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.						
Signature of Authorized Person	/	Type or Print Name of LLC	Date			
SAGN DOCUMENT MERE		BITRONICS, LLC	5.18.17			

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.

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

05/19/2017

### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Bitronics, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC170519100332-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx