



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

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**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:		
The Goodkind 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:		
NY		
3. The date of its organization is:		
12/5/2012		
And the period of its duration is: <b>CHECK ONLY ONE BOX</b>		
<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 National Registered Agents, Inc.		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence,	State <b>RHODE ISLAND</b>	Zip Code 02914
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:		

**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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JUN 27 2017

BY G. J. [Signature] 306775

FORM 450 - Revised: 08/2016

<b>7. The mailing address for the limited liability company is:</b>  <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">1155 Avenue of the Americas, NY NY 10036</div>											
<b>8. Management of the Limited Liability Company:</b> The limited liability company is managed: <input checked="" type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.) <input type="checkbox"/> By one (1) or more managers (List managers below)											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">MANAGER</th> <th style="padding: 5px;">ADDRESS</th> </tr> </thead> <tbody> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> </tbody> </table>	MANAGER	ADDRESS									
MANAGER	ADDRESS										
<b>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.</b>											
<b>10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX</b> <input 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  <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">The Goodkind Group LLC</div>	Date  <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">6/26/17</div>										
Signature of Authorized Person  <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;">Elizabeth Stroeckia</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).

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# State of New York Department of State } ss:

I hereby certify, that GOODKIND GROUP, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/05/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment GOODKIND GROUP, LLC, changing its name to THE GOODKIND GROUP, LLC, was filed 11/12/2013.



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*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 26th day of June  
two thousand and seventeen.*

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

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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:

June 27, 2017 11:54 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*

