



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



**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:		
AR EIGHT, 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 <b>New York</b>		
3. The date of its organization is: <b>8/15/2011</b>		
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 <b>Vcorp Services, LLC</b>		
Street Address (NOT a P.O. Box) <b>222 Jefferson Boulevard</b>		
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02888</b>
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:		
<b>250 47th Street, Brooklyn, NY 11220</b>		

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

**FILED**

**SEP 14 2017**

BY cu 312467  
 12:13

**STAMP**

FOR SECRETARY OF STATE  
 USE ONLY

7. The mailing address for the limited liability company is:

250 47th Street, Brooklyn, NY 11220

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**

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.*

Type or Print Name of LLC

AR EIGHT, LLC

Date

07/19/2017

Signature of Authorized Person



SIGN DOCUMENT HERE

**State of New York**  
**Department of State** } **SS:**

*I hereby certify, that AR EIGHT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/15/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:*

*A Certificate of Publication of AR EIGHT, LLC was filed on 12/12/2011.*

*Certificate of Change was filed on 01/04/2012.*

*A Biennial Statement was filed 08/05/2013.*

*A Biennial Statement was filed 08/03/2015.*

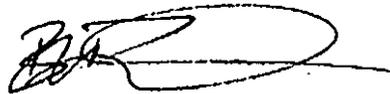
*Certificate of Change was filed on 08/02/2017.*

*A Biennial Statement was filed 08/07/2017.*

*I further certify, that no other documents have been filed by such Limited Liability Company.*

\*\*\*

*Witness my hand and the official seal of the Department of State at the City of Albany, this 12th day of September two thousand and seventeen.*



Brendan W. Fitzgerald  
Executive Deputy 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:

September 14, 2017 12:13 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

