RI SOS Filing Number: 201750970050 Date: 10/4/2017 11:04:00 AM



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 <u>7-16-49</u>, 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:

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1. The name of the limited liability company is:				
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:				
3. The date of its organization is: September 28, 2017				
And the period of its duration is: CHECK ONLY ONE BOX				
✓ Perpetual (on-going)				
4. The name and address of the resident agent/office in Rhode Island is:				
Agent Name Michael Alahverdian				
Street Address (NOT a P.O. Box) 44 Birchwood Drive				
State RHODE ISLAND	Zip Code 02920			
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:				
Business Filings Incorporated, 108 West 13th Street, Dover, DE 19801				
	e Island is: State RHODE ISLAND Ign limited liability company for be found or served following to state or other jurisdiction under			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 0 4 2017
BY (1) 3 14 035

7. The mailing address for the limited liability company is:				
44 Birchwood Drive, Cranston, RI 02920				
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 char	t below.)		
☑ By one (1) or more managers (List managers below)				
MANAGER	ADDRESS			
Michael Alahverdian	44 Birchwood Drive, Cranston, RI 02920			
Matthew Seifert	229 Chrystie Street, Apt 413, New York, NY 10002			
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	-	Date		
ALWNII Operations LLC		9/29/17		
Signature of Authorized Person SIGN DOCUMENT HERE				

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALWNII OPERATIONS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6560856 8300 SR# 20176399187 Authentication: 203315164

Date: 09-29-17

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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:

October 04, 2017 11:04 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

