## **Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

ourpose submits the following statement:  1. The name of the limited liability company is:		
SHL US LLC		
Is this company organized in its state or coun	itry of formation as a low-profit limited liabil	ity company? Yes No X
The name, if different, under which it proposes to	o register and transact business in Rhode I	sland is:
2. The LLC is organized under the laws of:	Delaware	
3. The date of its organization is:	07/27/2005	
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/o	office in Rhode Island is:	
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans M	lemorial Parkway, Suite 7A	
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
<ol><li>The Department of State is appointed the age time there is no resident agent or if the resident diligence.</li></ol>	ent of the foreign limited liability company for agent cannot be found or served following	or service of process if at any the exercise of reasonable
<ol><li>The address of any office required to be main liability company is organized is:</li></ol>	stained in the state or other jurisdiction und	er the laws of which the limited

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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		7. The mailing address for the limited liability company is:			
1209 Orange Street, Wilmington, DE 19801					
8. Management of the Limited Liability Co	mpany:				
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				
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			
SHL US LLC		10/5/17			
Signature of Authorized Person					

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SHL US 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 SIXTH DAY OF OCTOBER, A.D. 2017.

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

Authentication: 203355810

Date: 10-06-17