



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

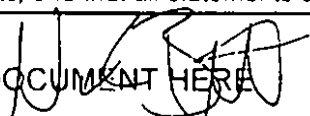
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R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
2017 OCT 19 PM 12:09

**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:   |              |          |
| Vortex Turnkey Solutions, 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:  |              |          |
| n/a  |              |          |
| 2. The LLC is organized under the laws of:   | Delaware     |          |
| 3. The date of its organization is:  | 06/11/2013   |          |
| And the period of its duration is: CHECK ONLY ONE BOX  |              |          |
| <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   |              |          |
| COGENCY GLOBAL INC.  |              |          |
| Street Address (NOT a P.O. Box)  |              |          |
| 222 Jefferson Boulevard  |              |          |
| City/Town  | State        | Zip Code |
| Warwick  | RHODE ISLAND | 02888    |
| 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:   |              |          |
| 850 New Burton Rd., Suite 202, Dover, DE 19904   |              |          |

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BY CK 315275

|  |  |                        |
|--|--|------------------------|
| 7. The mailing address for the limited liability company is:   |  |                        |
| 9155 Wallisville Rd., Houston, TX 77029  |  |                        |
| 8. Management of the Limited Liability Company:  |  |                        |
| The limited liability company is managed:  |  |                        |
| <input checked="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)   |  |                        |
| 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: <b>CHECK ONLY ONE BOX</b>  |  |                        |
| <input checked="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>                         |  |                        |
| Signature of Authorized Person<br><div style="text-align: center;">SIGN DOCUMENT HERE</div>   | Type or Print Name of LLC<br><br>Vortex Turnkey Solutions, LLC | Date<br><br>10/17/2017 |

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).

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VORTEX TURNKEY SOLUTIONS, 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VORTEX TURNKEY SOLUTIONS, LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2013.

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



5348878 8300

SR# 20176660408

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203412859

Date: 10-17-17