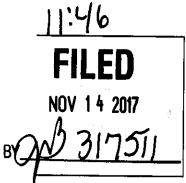
State of Rhode Island and Providence Plantations		
Department of State - Business Services	Division	
Application for Registration		
FOREIGN Limited Liability Company		
→ Filing Fee: \$150.00		
Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned f applies for a Certificate of Registration to transact business in purpose submits the following statement:	oreign limited liability company the state of Rhode Island, and	y hereby d for that
1. The name of the limited liability company is:		
AAA APPRAISAL MANAGEMENT COMPANY LLC		······
Is this company organized in its state or country of format	ion as a low-profit limited liabil	ity company? Yes No
The name, if different, under which it proposes to register an		
2. The LLC is organized under the laws of: Nevada		<u></u>
3. The date of its organization is: 03/20/2017		2017 2017
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/office in Rho	de Island is:	
Agent Name Corporation Service Company	<u> </u>	<u>ச</u> த
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard,	Suite 200	
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
5. The Department of State is appointed the agent of the fore time there is no resident agent or if the resident agent cannot diligence.	ign limited liability company for be found or served following t	r service of process if at any the exercise of reasonable
6. The address of any office required to be maintained in the liability company is organized is:	state or other jurisdiction unde	r the laws of which the limited
2764 Lake Sahara Drive, Suite 109, Las Vegas, NV 89117		
	······································	11:46

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



7. The mailing address for the limited liability company is:			
2101 Business Center Drive, Suite 245, Irvine, CA 92612			
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		Date	
AAA APPRAISAL MANAGEMENT COMPANY LLC		11/10/2017	
Signature of Authorized Person Marlene C. Minite, UC Member/Manager SIGN DOCUMENT HERE			

## SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AAA APPRAISAL MANAGEMENT COMPANY LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 20, 2017, and is in good standing in this state.



Electronic Certificate Certificate Number: C20171004-2091 You may verify this electronic certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 4, 2017.

schora K. Legenste

Barbara K. Cegavske 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:

November 14, 2017 11:46 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

