RI SOS Filing Number: 201753749770 Date: 11/21/2017 11:49:00 AM



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:

| 2017 NOV 21 | R.I. DEPT. BUS SV |
|-------------|----------------------|
| AH 11: 4. | SVCS DIV |

| purpose submits the following statement: | , | 4 TE | | |
|--|---------------------------------|--------------------------|--|--|
| The name of the limited liability company is: | | | | |
| TOWN TWO TWO THE | LLC | / | | |
| 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: | | | | |
| | | | | |
| 2. The LLC is organized under the laws of: Hassachu | setts | _ | | |
| 3. The date of its organization is: November, 2nd 2015 | | | | |
| 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 Rhode Island is: | | | | |
| Agent Name | | | | |
| Rito Decurvalho | | | | |
| Street Address (<u>NOT</u> a P.O. Box) | | | | |
| 155 Pleusant ST | | | | |
| City/Town_ | State | Zip Code | | |
| Pawtucket | RHODE ISLAND | 02860 | | |
| 5. The Department of State is appointed the agent of the forei | | | | |
| time there is no resident agent or if the resident agent cannot | be found or served following th | e 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: | | | | |
| liability company is organized is: 33 Leith Ave, Brockton, MH 0,2301 | | | | |
| 32 Leith AVE I BOTT | | | | |
| | | | | |

MAIL TO:

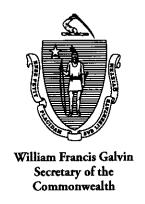
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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| 7. The mailing address for the limited liability company is: 33 Keith Ave, Brockton, MA, 023-01 | | | | |
|--|-------------------------|----------|--|--|
| 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 | | | |
| Vludimir Janandes | 33 Koith Ave , Brockton | M4 02301 | | |
| | | | | |
| | | | | |
| | | | | |
| 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 | | |
| FERNANDES INVESTI | MENTS LLC | 11/21/17 | | |
| Signature of Authorized Person [Semundles] | | | | |



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

November 14, 2017

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

FERNANDES INVESTMENTS LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **November 2, 2015.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **VLADIMIR FERNANDES**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **VLADIMIR FERNANDES**

The names of all persons authorized to act with respect to real property listed in the more recent filing are: VLADIMIR FERNANDES



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

"William Travin Galetin

RI SOS Filing Number: 201753749770 Date: 11/21/2017 11:49:00 AM



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 21, 2017 11:49 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

