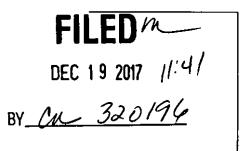
State of Rhode Island and Providence Plantations Department of State - Business Services Division Application for Registration FOREIGN Limited Liability Company → Filing Fee: \$150.00 Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned foreign limited liability company hereby	R.1. DEPT. OF STATE BUS SYCS DIV
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:	
indiCo, LLC	\bigcirc
Is this company organized in its state or country of formation as a low-profit limited liability company	y? 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: State of Ohio	
3. The date of its organization is: 8/14/03	102 200 250
And the period of its duration is: CHECK ONLY ONE BOX	RETARED
Perpetual (on-going)	IC 19
Date certain for dissolution	
4. The name and address of the resident agent/office in Rhode Island is:	
Agent Name WA CT Corporation Sup Em	ATE V
Agent Name WA CT Corporation System Street Address (NOT a P.O. Box) 450 Veterains Hemorial Akay Ste 7A	
City/Town Earl Prividence State RHODE ISLAND Zip Cod	02914
5. The Department of State is appointed the agent of the foreign limited liability company for service of time there is no resident agent or if the resident agent cannot be found or served following the exercise diligence.	
6. The address of any office required to be maintained in the state or other jurisdiction under the laws on liability company is organized is:	of which the limited
N/A	

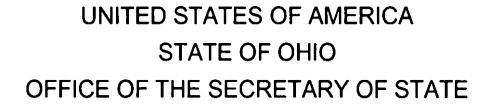
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos ri.gov



FORM 450 - Revised: 08/2016

8. Management of the Limited	Liability Company:	
The limited liability company is	managed:	
By its members (If you ha	ve checked this box, go to Section 9. (E	O NOT fill out the chart below.)
By one (1) or more manag	gers (List managers below)	
MANAGER	ADDRESS	·····
		u y
		etter of Status issued by the proper officer of the n 60 days of the filing of this document.
10. Date when this application	for Certificate of Registration will be eff	ective: CHECK ONLY ONE BOX
✓ Date received (Upon filing)	
Later effective date (Date	must be no more than 30 days from the	a day of filing)
	are and affirm that I have examined this nd that all statements contained herein	Application for Registration, including any are true and correct.
Type or Print Name of LLC		Date
indiCo, LLC		11/14/17
Signature of Authorized Person		I
Signature unaquinonized renson	SIGN DOCUMENT	

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I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show INDICO, LLC, an Ohio Limited Liability Company, Registration Number 1405466, was organized within the State of Ohio on August 14, 2003, is currently in $\Xi ULLP$ FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 14th day of November, A.D. 2017.

24 AM 11:4

n Hasted

Ohio Secretary of State

Validation Number: 201731801062





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:

December 19, 2017 11:41 AM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

