



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 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:

HOME SOLUTION PEOPLE, 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: **NEVADA**

3. The date of its organization is: **11/27/13**

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 **Registered Agents Inc.**

Street Address (NOT a P.O. Box) **One Richmond Square STE 125B**

City/Town **Providence**

State **RHODE ISLAND**

Zip Code **02906**

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:

237 State St. Bristol, RI 02809

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

JAN 02 2018

BY **320918**
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7. The mailing address for the limited liability company is:

237 State St. Bristol, RI 02809

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
Brett Sheldon	237 State St. Bristol, RI 02809

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

HOME SOLUTION PEOPLE, LLC

Date

28 DEC 17

Signature of Authorized Person

 (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, **HOME SOLUTION PEOPLE, 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 November 27, 2013, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 7, 2017.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JAN 2 PM 1:10

Electronic Certificate
Certificate Number: C20171207-0853
You may verify this electronic certificate
online at <http://www.nvsos.gov/>