RI SOS Filing Number: 201856206990 Date: 1/16/2018 12:44:00 PM

	State of Rhode Island and Providence Plantations	
(GR)	State of Rhode Island and Providence Plantations Department of State - Business Services	Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

STALP

HUR MOREORY WAS USEDS

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: 545 Funding LLC Is this company organized in its state or country of formation as a low-profit limited liability company? 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: 12/21/17 And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going) → Date certain for dissolution 4. The name and address of the resident agent/office in Rhode Island is: Agent Name Ferrucci Russo PC Street Address (NOT a P.O. Box) 55 Pine St. Floor 3 Zip Code 02903 City/Town State **Providence RHODE ISLAND** 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: **Real Estate Ownership**

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

By321841

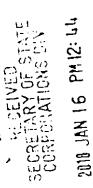
Check the box to indicate an attachment L

FORM 450 - Revised: 11/2017

	d the agent of the foreign limited liability company for e resident agent cannot be found or served following			
The address of the office required to be if not so required, of the principal office of	maintained in the state or country of its organizatio the foreign limited liability company is:	n by the laws of that state or,		
15 Joyce St. Lynn, MA 01902				
8. The mailing address for the limited liability company is:				
15 Joyce St. Lynn, MA 01902				
9. Management of the Limited Liability Co.	mpany:			
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX				
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			
Jared Sevinor	15 Joyce St. Lynn, MA 01902			
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.				
11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY				
✓ Date received (Upon filing)				
Later effective date (Date must be no more than 30 days from the date of filing)				
	rm that I have examined this Application for Registr atements contained herein are true and correct.	ation, including any		
Type or Print Name of LLC	Date			
545 Funding LLC 1/2/18				
Signature of Authorized Person 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, **545 FUNDING 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 December 21, 2017, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 3, 2018.

Bollara K. Cegerste

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20180103-1916 You may verify this electronic certificate online at http://www.nvsos.gov/ RI SOS Filing Number: 201856206990 Date: 1/16/2018 12:44:00 PM



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:

January 16, 2018 12:44 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

