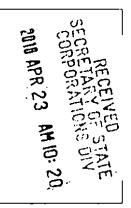


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

## Application for Registration

FOREIGN Limited Liability Company

 $\rightarrow$  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:

1. The name of the limited liability company is:

JHPDE SPV II, 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. Delaware

3. The date of its organization is: 11/30/2017

And the period of its duration is: CHECK ONLY ONE BOX

X Perpetual (on-going)

Date certain for dissolution

4. The name and address of the resident agent/office in Rhode Island is

Agent Name C T Corporation System

Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A

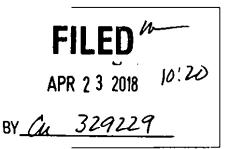
| City/Town   | State        | Zip Code |
|---|--------------|----------|
| East Providence,  | RHODE ISLAND | 02914    |
| <ol><li>The Department of State is appointed the agent of the forei<br/>time there is no resident agent or if the resident agent cannot</li></ol> |              | • •      |

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:

5757 Phantom Drive, Suite 275A, Hazelwood, MO 63042

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

| 7. The mailing address for the limited liability company is: |  |  |
|--|--|--|
| 5757 Phantom Drive, Suite 275A, Hazelw                       | wood, MO 63042   |  |
| 8. Management of the Limited Liability                       | y Company:   |  |
| The limited liability company is manag                       | ged:   |  |
| X By its members (If you have chec                           | cked this box. go to Section 9. (DO NOT fill out the chart below.)   |  |
| By one (1) or more managers (Lis                             | st managers below)   |  |
| MANAGER  | ADDRESS  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | a Certificate of Good Standing/Letter of Status issued by the proper officer of the<br>ich it is formed that is dated within 60 days of the filing of this document. |  |
| 10. Date when this application for Cen                       | tificate of Registration will be effective: CHECK ONLY ONE BOX   |  |
| X Date received (Upon filing)                                |  |  |
| Later effective date (Date must be                           | e no more than 30 days from the day of filing)   |  |
|  | d affirm that I have examined this Application for Registration, including any all statements contained herein are true and correct.                                 |  |
| Type or Print Name of LLC                                    | Date   |  |
| JHPDE SPV II, LLC  | 4/17/18  |  |
| Signature of Authorized Person                               |  |  |
|  | SIGN DOCUMENT HERE   |  |
|  |  |  |
|  |  |  |

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JHPDE SPV II, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

> RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2018 APR 23 AM 10: 20



Authentication: 202528729 Date: 04-17-18

6639278 8300 SR# 20182767616 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1



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:

April 23, 2018 10:20 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

