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State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

## Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

SECRETARY OF STATE CORPORATIONS DIV

Pursuant to the provisions of RIGL <u>7-16-9</u> the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

Entity ID Number	2. Exact Name of the Limited Liability Company	•	<del></del>
1683154	Auto Flip, LLC.		
3. The fictitious business name to be used is:			
Ideal Auto Group, LLC.			
4. The limited liability company is organized under the laws of:			5. The date of formation is:
RHode Island			4/4/18
6. Applicant is otherwise authorized to do business in the state of Rhode Island.			
Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.			
Name of Applicant Limited Liability Company			Date
ALEX O	gando		5/7/18
Signature of Authorized Person			
SIGN DOCUMENT HERE			
	···		

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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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:

May 07, 2018 10:13 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

