



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:

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SECRETARY OF STATE
CORPORATIONS DIV.
2018 JUL -6 AM 11:22

1. The name of the limited liability company is:

Hoists Direct 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: **December 7, 2015**

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 **Business Filings International, Inc.**

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

City/Town **East Providence**

State **RHODE ISLAND**

Zip Code **02914**

5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
Sales of material handling equipment, including hoists, winches, industrial cranes and lifting equipment.

Check the box to indicate an attachment ☐

MAIL TO:

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

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STAMP

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BY CU 334317

6. The RI 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.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

16192 Coastal Highway, Lewes, DE 19958

8. The mailing address for the limited liability company is:

123 Charter Street, Albemarle, NC 28001

9. Management of the Limited Liability Company:

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
Robert Kopera	701 Stanhope Lane, Matthews, NC 28105

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status 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) _____

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 Hoists Direct LLC	Date 07/03/2018
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Signature of Authorized Person



SIGN DOCUMENT HERE

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "HOISTS DIRECT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

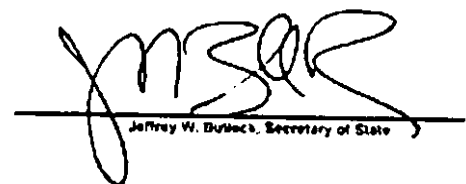
CERTIFICATE OF FORMATION, FILED THE SEVENTH DAY OF DECEMBER, A.D. 2015, AT 11:30 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

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Jeffrey W. Bullock, Secretary of State

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You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202995125

Date: 07-02-18