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



2018 AUG 27 PM 3: 33

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:			
Nationwide Appraisal Network, 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			
2 The LLC is organized under the laws of: Florida	_ <u></u>		
3. The date of its organization is. 09/03/2008	<u> </u>		
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 Rhod	e Island is:		
Agent Name InCorp Services, Inc.		· · · · · · · · · · · · · · · · · · ·	
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Blvd., Suite 200			
City/Town Warwick	State RHODE ISLAND	Zip Code 02888	
5. The purpose or purposes which it proposes to pursue in the	e transaction of business in RI	hođe Island are:	
· · · · · · · · · · · · · · · · · · ·			
Appraisal Management Company			
	Check the be	ox to indicate an attachment	
MAIL TO:	FILED		
WAIL IU: Division of Rusiness Services			

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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FORM 450 - Revised 11/2017

AUG 27 2018 3:33

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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:

250 Pine Avenue North, Suite A, Oldsmar, FL 34677

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

250 Pine Avenue North, Suite A, Oldsmar, FL 34677

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		
		······································	
10. This application must be accompanied formation dated within 60 days of the date	by a <u>Certificate of Good Standing/Letter of Status</u> of filing.	from the state or country of	
11. Date when this application for Certifica	te of Registration will be effective: CHECK ONE E	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		Date	
Nationwide Appraisal Network, LLC		August 17, 2018	
Signature of Authorized Person	SIGN FOOL MENT HERE	•	

State of Florida Department of State

I certify from the records of this office that NATIONWIDE APPRAISAL NETWORK, LLC is a limited liability company organized under the laws of the State of Florida, filed on September 3, 2008.

The document number of this limited liability company is L08000083893.

I further certify that said limited liability company has paid all fees due this office through December 31, 2018, that its most recent annual report was filed on January 16, 2018, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fifteenth day of August, 2018



Ken Detren Secretary of State

Tracking Number: CU1148334127

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication



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:

August 27, 2018 03:33 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

