

Application for Registration

FOREIGN Limited Liability Company

→ 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:

ourpose submits the following statement.			
The name of the limited liability company is:			
Arlington Ave 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 Is	sland is:	
The LLC is organized under the laws of: Delaware			
3. The date of its organization is: August 3, 2018			
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 C T Corporation System			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence,	State RHODE ISLAND	Zıp Code 02914	
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:			
Real Estate Holdings and Investments			
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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BY KL SHBSY

FORM 450 - Revised: 11/2017

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:			
The Corporation Trust Company, 1209	Orange Street, Wilmington, New Castle County,	Delaware 19801	
8. The mailing address for the limited liabil	ity company is:	*	
Apt 3A, Hau Yuen, 51 Shouson Hill Roa	d, Shouson Hill, Hong Kong SAR		
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 Petty	Apt 3A, Hau Yuen, 51 Shouson Hill Road, Shouson Hill, Hong Kong SAR		
Jim Anderson	152 Warren Street, Brooklyn, New York 11201		
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)			
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	
Arlington Ave LLC		08/29/2018	
Signature of Authorized Person	SIGNE OCU)15 HERE		

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ARLINGTON AVE 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 TWENTY-SEVENTH DAY OF AUGUST, A.D. 2018.

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

THE STATE OF THE S

Authentication: 203316098

Date: 08-27-18