

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:

SECRETARY OF STATE SCORPORATIONS DIV

purpose submits the following statement:				
1. The name of the limited liability company is:				
Swing Juice 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: September 25, 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 Jonathan E. Mason				
Street Address (NOT a P.O. Box) 130 Chapel Street, Apt. #1				
City/Town Lincoln	State RHODE ISLAND	Zip Code 02865-2118		
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
Online apparel and merchandise sales.				
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

FILED TO 2018

FORM 450 - Revised: 11/2017

6. The RI Department of State is appointed any time, there is no resident agent or if the diligence.	d the agent of the foreign limited liability company for ne resident agent cannot be found or served following	or servi	ce of process if, at exercise of reasonable	
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:				
130 Chapel Street, Apt. #1, Lincoln, Rhode Island 02865-2118				
8. The mailing address for the limited liabi 130 Chapel Street, Apt. #1, Lincoln, Rho				
9. Management of the Limited Liability Co.	mpany:			
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 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 Certifica	ate of Registration will be effective: CHECK ONE BO	OX ON	LY	
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 aff accompanying attachments, and that all s	irm that I have examined this Application for Registr tatements contained herein are true and correct.	ation, i	ncluding any 	
Type or Print Name of LLC		Date	10/09/2018	
Swing Juice LLC				
Signature of Authorized Person	HON DOCUMENT HERE			

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RECEIVED SECRETARY OF STATE CORPORATIONS DIV

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "SWING JUICE LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS THE LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE NINTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ... CI

Authentication: 203575746

Date: 10-09-18

7026180 8300 SR# 20187053526

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