

## **Application for Registration**

**FOREIGN Limited Liability Company** 

→ Filing Fee: \$150.00

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FORM 450 - Revised: 11/2017

The name of the limited liability company is:		
Sodexo SoPro LLC		
Is this company organized in its state or country of formation	n as a low-profit limited liability co	mpany? Yes No 🗸
The name, if different, under which it proposes to register a	nd transact business in Rhode Isl	and is:
2 The LLC is organized under the laws of: Delaware		
3. The date of its organization is: 11/1/2018	·	
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 Rho	ode Island is:	
Agent Name		
Corporate Creations Network Inc.		
Street Address ( <u>NOT</u> a P.O. Box) 10 Dorrance Street #700)		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
5. The purpose or purposes which it proposes to pursue in t	the transaction of business in Rho	de Island are:
business to business retailer of building management su	applies and related equipment	
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	Check the box	to indicate an attachment
	Check the box	to indicate an attachment
IAIL TO:	Check the box	to indicate an attachment
Ivision of Business Services 48 W. River Street, Providence, Rhode Island 02904-2615		to indicate an attachment
ivision of Business Services	FILED	

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:					
8. The mailing address for the limited liability company is:					
3411 SILVERSIDE ROAD TATNALL BUILDING STE 104, WILMINGTON, DE 19810					
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 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				
Sodexo SoPro LLC		11/08/2018			
Signature of Authorized Person		rations, LLC- member Duenas, Special Manager			



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

DELAWARE, DO HEREBY CERTIFY "SODEXO SOPRO 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 EIGHTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SODEXO SOPROLLC" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2018.

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

R.I. DEPT. OF STATE BUS SYCS DIV

Authentication: 203864897

Date: 11-08-18

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