

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 <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:

R.I. DEPT. OF STATE BUS-SVCS DIV

purpose submits the following statement:		<u></u>
1. The name of the limited liability company is:		
Troemner, LLC		
Is this company organized in its state or country of for	mation as a low-profit limited liability	company? Yes No 🗵
The name, if different, under which it proposes to regi	ster and transact business in Rhode	Island is:
	······································	
2. The LLC is organized under the laws of:	Delaware	2018
3. The date of its organization is:	05/31/2016	VOV
And the period of its duration is: CHECK ONE BOX (ONLY	7. C 7. C 8. C 8. C
Perpetual (on-going)		
Date certain for dissolution		
4. The name and address of the resident agent/office	in Rhode Island is:	22 E
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memor	ial Parkway, Suite 7A	
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
5. The purpose or purposes which it proposes to purs Manufacturer & Assembly Scales & Related Services	tue in the transaction of business in	Rhode Island are:
	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 1: 22 NOV 2 6 2018 244

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 if not so required, of the principal office of	maintained in the state or country of its organizatio the foreign limited liability company is:	n by the laws of that state or,	
201 Wolf Drive, Thorofare, NJ 08086			
8. The mailing address for the limited liabi	ity company is:		
201 Wolf Drive, Thorofare, NJ 08086			
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.)			
X By one (1) or more managers (List managers below)			
MANAGER	ADDRESS		
David E. Kirtley	201 Wolf Dr. Thorofare NJ 08086		
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	
Troemner, LLC		Nov. 14,2018	
Signature of Authorized Person	0.45	<u> </u>	
Signature of Authorized Person Jeffrey Jackson! Authorized Person: John. Jackson!			

Page 1



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

DELAWARE, DO HEREBY CERTIFY "TROEMNER, 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2018.

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

Authentication: 203917833

Date: 11-16-18

6056153 8300 SR# 20187684815