



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

Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED
RI, DEPT. OF STATE
BUS SVCS DIV
2018 NOV 26 PM 1:22

Pursuant to the provisions of RIGL 7-16-49, 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:		
AMC SETTLEMENT SERVICES, 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: Commonwealth of Pennsylvania		
3. The date of its organization is: October 5, 2000		
And the period of its duration is: CHECK ONLY ONE BOX		
☒ 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	Zip Code 02914
5. The 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.		
6. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:		
345 Rouser Road, Coraopolis, PA 15108		

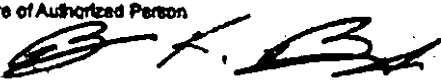
MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

NOV 26 2018

BY *[Signature]* 1:22

FORM 450 - Revised: 08/2016

7. The mailing address for the limited liability company is:	
345 Rouser Road, Corsopolis, PA 15108	
8. Management of the Limited Liability Company:	
The limited liability company is managed:	
☐ 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
Brian Bush	345 Rouser Road, Corsopolis, PA 15108
9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.	
10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX	
☒ Date received (Upon filing)	
☐ Later effective date (Date must be no more than 30 days from the day 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
AMC SETTLEMENT SERVICES, LLC	11/21/2018
Signature of Authorized Person	
 _____	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 450 - Revised: 08/2016

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

11/20/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

AMC SETTLEMENT SERVICES, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC181120171891-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>



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:

November 26, 2018 01:22 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

