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Department of State - Business Services		RECEIVED R.I. DEPT. OF STATE
Application for Registration		BUS SVCS DIV
FOREIGN Limited Liability Company	01	018 NOV 14 AM 11: 44
→ Filing Fee: \$150.00	20	
Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for a Certificate of Registration to transact business in purpose submits the following statement:		•
1. The name of the limited liability company is:		
Blue Seats Consultin.	gUC	
Is this company organized in its state or country of formation	as a low-profit limited liability con	npany? 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: 0WC-		R.1.
3. The date of its organization is: $12/4/20$	13	HON 26
And the period of its duration is: CHECK ONE BOX ONLY		
Perpetual (on-going)		<i>U</i> 1 <u>U</u> 2
Date certain for dissolution		PH 12: 1
4. The name and address of the resident agent/office in Rhod	le Island is:	ۍ ۲
Agent Name Julia Rafal-Baler-clottope Street Consulting		
Street Address (NOT a P.O. Box) 251 Norwood Ave		
City/Town Cransform	State RHODE ISLAND	Zip Code 0290S
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Assisting with planning early childhood		
Education expansio	ν η	

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

Check the box to indicate an attachment

b. The KI 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:

Blue Seats Consulting 27134 Magnolia Road, Underwood IA SIS76

9. Management of the Limited Liability Company:

onstance

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	
Constance Casson	27134 Magnohia Road Underwood 1A SIS76	
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	
Blue Seats Cons	ulting 11 5/2018	
Signature of Authorized Person		
Constance M. asson		

IOWA SECRETARY OF STATE PAUL D. PATE

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CERTIFICATE OF EXISTENCE

Date: 11/5/2018

Name: BLUE SEATS CONSULTING, LLC (489DLC - 468733) Date of Incorporation: 12/4/2013 Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS158520

To validate certificates visit: sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State



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 12:45 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

