

7. The mailing address for the limited liability company is:
1 Landmark Square, Suite 320, Stamford, CT 06902

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
Jason Kuflik	1 Landmark Square, Suite 320, Stamford, CT 06902
Scott Kerner	1 Landmark Square, Suite 320, Stamford, CT 06902

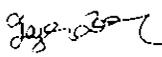
9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.

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 Taylor Lolya	Date 12/11/2018
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Signature of Authorized Person
 **SIGN DOCUMENT HERE**

**State of New York
Department of State } ss:**

I hereby certify, that SUK BRISTOL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/06/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.

I further certify, that no other documents have been filed by such Limited Liability Company.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 06th day of December
two thousand and eighteen.*

A handwritten signature in black ink, appearing to read "Whitney Clark".

Whitney Clark
Deputy 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:

December 12, 2018 10:23 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

