

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 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.   |                       |                   |
|--|-----------------------|-------------------|
| The name of the limited liability company is:  |                       |                   |
| Tuft & Needle, 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: DE  |                       |                   |
| 3. The date of its organization is: 08/17/2018   |                       |                   |
| 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<br>Corporation Service Company  |                       |                   |
| Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200   |                       |                   |
| City/Town<br>Warwick   | State<br>RHODE ISLAND | Zip Code<br>02888 |
| 5. The Department of State is appointed the agent of the foreign limited liability company for service of process if at any<br>time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable<br>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:   |                       |                   |
| c/o Corporation Service Company, 251 Little Falls Drive, Wilmington, DE 19808  |                       |                   |

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sas.ri.gav FILED

FORM 450 - Revised: 08/2016

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|--|---------|--|--|
| 7. The mailing address for the limited liability company is  |         |  |  |
| 735 Grand Ave  |         |  |  |
| Phoenix, AZ 85007  |         |  |  |
| 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 |  |  |
|  |         |  |  |
|  |         |  |  |
|  |         |  |  |
|  |         |  |  |
|  |         |  |  |
| 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    |  |  |
| Tuft & Needle, LLC   | 12/5/14 |  |  |
| Signaluse of Authorized Person.  SIGN DOCUMENT HERE  |         |  |  |

Page 1



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

DELAWARE, DO HEREBY CERTIFY "TUFT & NEEDLE, 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 TWENTIETH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TUFT & NEEDLE, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2018.

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

7019666 8300 SR# 20188282909

Authentication: 204148968

Date: 12-20-18

RI SOS Filing Number: 201883068880 Date: 12/21/2018 12:23:00 PM



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 21, 2018 12:23 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

