

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 numose submits the following statement:

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purpose submits the following statement.				
The name of the limited liability company is:	· · · · · · · · · · · · · · · · · · ·	27 K		
SVP Sewing Brands LLC				
Is this company organized in its state or country of form	nation 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: Delawa	are			
3. The date of its organization is: May 21, 1986				
And the period of its duration is: CHECK ONE BOX O	NLY			
Perpetual (on-going)				
Date certain for dissolution				
4. The name and address of the resident agent/office in Rhode Island is:				
Agent Name Corporation Service Company				
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200				
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
The wholesale trade of sewing products and transaction of any lawful business.				
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.n.gov

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	d the agent of the foreign limited liability company for ne resident agent cannot be found or served following		
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 organization the foreign limited liability company is:	n by the laws of that state or,	
1714 Heil Quaker Boulevard, Suite 130,	LaVergne, TN 37086		
8. The mailing address for the limited liabi	lity company is:		
1714 Heil Quaker Boulevard, Suite 130,	LaVergne, TN 37086		
9. Management of the Limited Liability Co.	трапу:		
The Limited Liability Company is to be ma	naged by: CHECK ONLY ONE BOX		
By its members (If you have checked	this box, go to Section 9. (DO NOT fill out the char	t below.)	
By one (1) or more managers (List m	anagers below)		
MANAGER	ADDRESS		
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)			
	rm that I have examined this Application for Registr tatements contained herein are true and correct.	ation, including any	
Type or Print Name of LLC		Date	
SVP Sewing Brands LLC		December 28, 2018	
Signature of Authorized Person			
	SIGN DOCUMENT HERE		



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

DELAWARE, DO HEREBY CERTIFY "SVP SEWING BRANDS 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SVP SEWING BRANDS LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MAY, A.D. 1986.

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

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Authentication: 203911085

Date: 11-15-18