



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

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**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:

1. The name of the limited liability company is:		
<b>USI, LLC</b>		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
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: <b>GA</b>		
3. The date of its organization is: <b>10/31/2018</b>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name <b>C T Corporation System</b>		
Street Address ( <u>NOT</u> a P.O. Box) <b>450 Veterans Memorial Highway, Suite 7A</b>		
City/Town <b>East Providence</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02914</b>
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
<b>To provide Janitorial Services to established business in the State</b>		
Check the box to indicate an attachment <input type="checkbox"/>		

**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**

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BY **CWISS**  
**A.A. 11:49 AM**

6. The RI 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:

**3339 Peachtree Rd, NE Suite 1500 Atlanta, GA 30326**

8. The mailing address for the limited liability company is:

**3339 Peachtree Rd, NE Suite 1500 Atlanta, GA 30326**

9. Management of the Limited Liability Company:

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
Karan Ishwar	3339 Peachtree Rd, NE Suite 1500 Atlanta, GA 30326

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status 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

**USI, LLC**

Date

**12/04/2018**

Signature of Authorized Person



# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Robyn A. Crittenden**, the Secretary of State of the State of Georgia, do hereby certify under the authority of my office that

**USI LLC**

a Domestic Limited Liability Company

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was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16307933  
Date Inc-Auth-Filed: 10/31/2018  
Jurisdiction : Georgia  
Print Date : 12/11/2018  
Form Number : 211



Robyn A. Crittenden  
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:

January 11, 2019 11:49 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*

