

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, 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:

SECRETARY OF STATESECRETARY OF STATECORPORATIONS 5.17
2019 APR 12 PH 12: 12

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as a low-profit limited liability co	ompany? Yes No X
transact business in Rhode Is	sland is:
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e Island is:	
Suite 200	
State RHODE ISLAND	Zip Code 02888
transaction of business in Rho	ode Island are:
Check the box	x to indicate an attachment 🔲
	e Island is: Suite 200 State RHODE ISLAND transaction of business in Rh

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 1 2 2019 12:12 BY Ch VXP48

6. The RI Department of State is appoints	
any time, there is no resident agent or if the diligence.	ed the agent of the foreign limited liability company for service of process if, at he resident agent cannot be found or served following the exercise of reasonable
7. The address of the office required to be if not so required, of the principal office of	e maintained in the state or country of its organization by the laws of that state or, the foreign limited liability company is:
640 Ellicott Street Suite 321, Buffalo, N	Y 14203
8. The mailing address for the limited liabi	illty company is:
640 Ellicott Street Suite 321, Buffalo, N	Y 14203
9. Management of the Limited Liability Co	mpany:
The Limited Liability Company is to be ma	inaged 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 m	
MANAGER	ADDRESS
Mike Mohr	640 Ellicott Street Suite 321, Buffalo, NY 14203
 This application must be accompanied formation dated within 60 days of the date 	by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of of filling.
11. Date when this application for Certifica	te of Registration will be effective: CHECK ONE BOX ONLY
X Date received (Upon filing)	
Later effective date (Date must be no	more than 90 days from the date of filing)
Under penalty of perjury, I declare and affir accompanying attachments, and that all sta	m that I have examined this Application for Registration, including any atements contained herein are true and correct.
Type or Print Name of LLC	Date
ACV Capital LLC	4/5/2019
Signature of Authorized Person	Acres 100 Company
	ON DOCUMENT HORE

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ACV CAPITAL 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 ELEVENTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACV CAPITAL LLC" WAS FORMED ON THE THIRD DAY OF AUGUST, A.D. 2018.

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

2019 APR 12 PH 12: 12

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Authentication: 202628629

Date: 04-11-19

7003240 8300 SR# 20192771584

You may verify this certificate online at corp.delaware.gov/authver.shtml