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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:

1. The name of the limited liability company is:		
<b>FULL SAIL, LLC</b>		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input checked="" type="checkbox"/> No <input 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>FLORIDA</b>		
3. The date of its organization is: <b>JULY 9, 1981</b>		
And the period of its duration is: CHECK ONE BOX ONLY		
<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 (NOT a P.O. Box) <b>450 VETERANS MEMORIAL PARKWAY, SUITE 7 A</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:		
To conduct marketing and lead generation activities.		
Check the box to indicate an attachment <input type="checkbox"/>		

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02604-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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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:  
**3300 UNIVERSITY BOULEVARD, SUITE 218, WINTER PARK, FLORIDA 32792**

8. The mailing address for the limited liability company is:  
**3300 UNIVERSITY BOULEVARD, SUITE 218, WINTER PARK, FLORIDA 32792**

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)

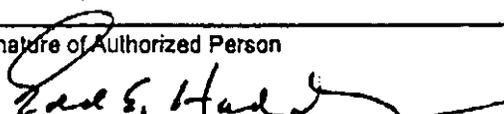
MANAGER	ADDRESS
JAMES W. HEAVENER	3300 UNIVERSITY BOULEVARD, SUITE 218, WINTER PARK, FL. 32792
EDWARD E. HADDOCK, JR.	3300 UNIVERSITY BOULEVARD, SUITE 218, WINTER PARK, FL. 32792
JONATHAN D. PHELPS	3300 UNIVERSITY BOULEVARD, SUITE 218, WINTER PARK, FL. 32792

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 90 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 <b>FULL SAIL, LLC</b>	Date <b>4-29-19</b>
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Signature of Authorized Person  
 **EDWARD E. HADDOCK, JR., MANAGER**

# *State of Florida*

## *Department of State*

I certify from the records of this office that FULL SAIL, LLC is a limited liability company organized under the laws of the State of Florida, filed on November 16, 2010, effective July 9, 1981.

The document number of this limited liability company is L10000119136.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019 and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Thirtieth day of April, 2019*



*Samuel R. Bee*  
Secretary of State

Tracking Number: 6937351722CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



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:

May 06, 2019 12:17 PM

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*

