

## **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:

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purpose submits the following statement:				
1. The name of the limited liability company is:				
WCM Acquisitions 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:				
The LLC is organized under the laws of:     Delaware				
3. The date of its organization is: 04/11/2019				
And the period of its duration is: CHECK ONE BOX ONLY				
✓ Perpetual (on-going)				
Date certain for dissolution		<u> </u>		
4. The name and address of the resident agent/office in Rhode Island is:				
Agent Name DarrowEverett LLP				
Street Address (NOT a P.O. Box) One Turks Head Place, Suite 1200				
City/Town Providence	State RHODE ISLAND	Zip Code <b>02903</b>		
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
Ownership and management of real property				
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.ri.gov FILED STAMP

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FORM 450 - Revised: 01/2019

A.A. 3.12pm.

	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:	on by the laws of that state or,	
251 Little Falls Drive, Wilmington, DE 1	9808		
8. The mailing address for the limited liability company is:			
c/o DarrowEverett LLP - One Turks Hea	nd Place, Suite 1200, Providence, RI 02903		
9. Management of the Limited Liability Co.	mpany:		
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 Certifica	ite of Registration will be effective: CHECK ONE Bo	OX ONLY	
✓ Date received (Upon filing)			
Later effective date (Date must be no	more than 90 days from the date of filing)		
	rm that I have examined this Application for Registi tatements contained herein are true and correct.	ration, including any	
Type or Print Name of LLC		Date	
WCM Acquisitions LLC		05/07/2019	
Signature of Authorized Person	SIGN DOCUMENT HERE		

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WCM ACQUISITIONS 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 THIRD DAY OF MAY, A.D. 2019.

7370025 8300 SR# 20193511417 Authentication: 202761104

Date: 05-03-19