RI SOS Filing Number: 201993618720 Date: 5/17/2019 11:17:00 AM

State of Rhode Island and Providence Plantations  Department of State - Business Services	رِتِنَّةِ بِهِ S Division TARY وGRADRAL	2 / S ATE
Application for Registration FOREIGN Limited Liability Company → Filing Fee. \$150.00	T! YAM BIOS	AM 11: 47
Pursuant to the provisions of RIGL 7-16-49, the undersigned	foreign limited fiabili	tv company l

Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for a Certificate of Registration to transact business in purpose submits the following statement:		
The name of the limited liability company is:		
STX Group, 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	d transact business in Rhode I	Island is:
2. The LLC is organized under the laws of Illinois		
3. The date of its organization is: 02/01/2019		
And the period of its duration is: CHECK ONE BOX ONLY		
<b>✓</b> Perpetual (on-going)		
Date certain for dissolution		
4. The name and address of the resident agent/office in Rhod	te Island is:	
Agent Name InCorp Services, Inc.		
Street Address ( <u>NOT</u> a P.O. Box) 222 Jefferson Blvd., Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it proposes to pursue in the Resell of cellular service	e transaction of business in R.	hode Island are:
	Check the b	ox 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

11:47 FILED

MAY 17 2019 XB 8M5AV

FORM 450 - Revised 01/2019

•				
<ol> <li>The RI Department of State is appointe any time, there is no resident agent or if the diligence.</li> </ol>	d the agent of the foreign limited liability company ( ne resident agent cannot be found or served following	or service of process if, at ing the exercise of reasonable		
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:				
1418 Kensington Square Court Building B, Murfreesboro, TN 37130				
8. The mailing address for the limited liabi	lity company is:			
1418 Kensington Square Court Building B, Murfreesboro, TN 37130				
9. Management of the Limited Liability Co.	mpany:			
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			
	•			
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)				
	rm that I have examined this Application for Registi latements contained herein are true and correct.	ration, including any		
Type or Print Name of LLC		Date		
STX Group, LLC		05/03/2019		
Signature of Authorized Person				
& application				

## File Number

0751951-6



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby: certify that I am the keeper of the records of the Department of

## Business Services. I certify that

STX GROUP, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 01, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of APRIL A.D. 2019 .

Authentication III: 1909902664 verifiable until 04/09/2020 Authenticate at: http://www.cyberdifvellfinole.com se White

SECRETARY OF STATE

RI SOS Filing Number: 201993618720 Date: 5/17/2019 11:17:00 AM



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 17, 2019 11:17 AM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

