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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>TANK CONNECTION 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>KANSAS</b>		
3. The date of its organization is: <b>10/20/2003</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>BUSINESS FILINGS INCORPORATED</b>		
Street Address ( <u>NOT</u> a P.O. Box) <b>450 VETERENS MEMORIAL PARKWAY, STE 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>We manufactured above ground storage tanks to be sold to dealers for resale or end user.</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

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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:

**3609 N. 16th Street, Parsons KS 67357**

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

**PO Box 579, Parsons KS 67357**

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
Dennis Banning	3609 N. 16th Street, Parsons KS 67357
Kenton Jarman	3609 N. 16th Street, Parsons KS 67357
Brett Giefer	3609 N. 16th Street, Parsons KS 67357

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 <b>TANK CONNECTION LLC</b>	Date <b>10/29/2019</b>
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Signature of Authorized Person  SIGN DOCUMENT HERE

**STATE OF KANSAS  
OFFICE OF  
SECRETARY OF STATE  
SCOTT SCHWAB**

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 3537495

Entity Name: TANK CONNECTION, L.L.C.

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: NEIGHBORS & ASSOCIATES, INC.

Registered Office: 3609 N 16th St., PARSONS, KS 67357

was filed in this office on October 20, 2003, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of October 29, 2019

**SCOTT SCHWAB  
SECRETARY OF STATE**

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Certificate ID: 1117140 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.