



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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RI DEPT. OF STATE
BUS. SVCS. DIV
2019 DEC - 6 AM 11:49

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:		
KimberlyHare LLC		
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:		
KH Nursing Services		
2. The LLC is organized under the laws of:		
South Carolina		
3. The date of its organization is:		
10/30/2013		
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		
Northwest Registered Agent, LLC		
Street Address (NOT a P.O. Box)		
1 Richmond Square STE 125B		
City/Town	State	Zip Code
Providence	RHODE ISLAND	02906
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
nursing staffing		
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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BY JB TYCZN

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:

463 Old Chapin Rd, Lexington, SC 29072

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

P.O. BOX 2270

Lex. SC 29071 (Lexington, SC)

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
Kimberly Hare	463 Old Chapin Rd, Lexington, SC 29072

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

Kimberly Hare, LLC

Date

12-3-19

Signature of Authorized Person

Kimberly Hare
SIGNATURE HERE

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

KIMBERLYHARE LLC, a limited liability company duly organized under the laws of the State of South Carolina on October 30th, 2013, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-803, and that the company has not filed articles of termination as of the date hereof.

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Given under my Hand and the Great Seal
of the State of South Carolina this 4th day
of November, 2019.


Mark Hammond, Secretary of State



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:

December 06, 2019 11:49 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

