



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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

**Application for Registration**  
 FOREIGN Limited Liability Company

2020 MAR -2 PM 2: 05

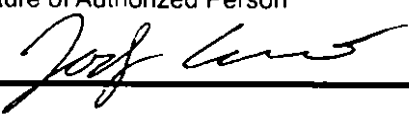
→ Filing Fee: \$150.00

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:                                                                                                                              |                    |                |
| Milestone Parrish 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:                                                                         |                    |                |
|                                                                                                                                                                               |                    |                |
| 2. The LLC is organized under the laws of: Delaware                                                                                                                           |                    |                |
| 3. The date of its organization is: January 27, 2020                                                                                                                          |                    |                |
| 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 Corporate Creations Network Inc.                                                                                                                                   |                    |                |
| Street Address (NOT a P.O. Box) 10 Dorrance Street #700                                                                                                                       |                    |                |
| City/Town Providence                                                                                                                                                          | State RHODE ISLAND | Zip Code 02903 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:                                                                    |                    |                |
| Debt Buyer                                                                                                                                                                    |                    |                |
|                                                                                                                                                                               |                    |                |
| 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

**FILED**  
 MAR 02 2020  
 BY 75m05  
A.A. 2:05pm  
 FORM 450 - Revised: 11/2019

|                                                                                                                                                                                                                                                                                                                                                            |                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 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:<br><br>10 Lakeside Drive Ste 150 Horsham, Pa 19044                                                                               |                                           |
| 8. The mailing address for the limited liability company is:<br>100 Lakeside Drive Ste 150<br>Horsham, Pa 19044                                                                                                                                                                                                                                            |                                           |
| 9. Management of the Limited Liability Company:<br><br>The Limited Liability Company is to be managed by: <b>CHECK ONLY ONE BOX</b><br><input type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)<br><input checked="" type="checkbox"/> By one (1) or more managers (List managers below) |                                           |
| <b>MANAGER</b>                                                                                                                                                                                                                                                                                                                                             | <b>ADDRESS</b>                            |
| Bruce White, Sr                                                                                                                                                                                                                                                                                                                                            | 100 Lakeside Dr Ste 150 Horsham, Pa 19044 |
| Jody Carruth                                                                                                                                                                                                                                                                                                                                               | 100 Lakeside Dr Ste 150 Horsham, Pa 19044 |
| Sam Ison                                                                                                                                                                                                                                                                                                                                                   | 100 Lakeside Dr Ste 150 Horsham, pa 19044 |
|                                                                                                                                                                                                                                                                                                                                                            |                                           |
| 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 Certificate of Registration will be effective: <b>CHECK ONE BOX ONLY</b><br><input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____                                                          |                                           |
| <i>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.</i>                                                                                                                                       |                                           |
| Type or Print Name of LLC<br>Milestone Parrish LLC                                                                                                                                                                                                                                                                                                         | Date<br>2/25/2020                         |
| Signature of Authorized Person<br>                                                                                                                                                                                                                                      |                                           |

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MILESTONE PARRISH 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 THIRTIETH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MILESTONE PARRISH LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7801490 8300

SR# 20200666832

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202289625

Date: 01-30-20



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:

March 02, 2020 02:05 PM

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*

