

Filing Fee: \$150.00

ID Number: 131965



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, 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:

Rawlings Financial Services, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

N/A

3. The limited liability company is organized under the laws of Kentucky

4. The date of its organization is 11/27/2002

5. The period of duration of the limited liability company is (if perpetual, so state) Perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

10 Weybosset Street

(Street Address, not P.O. Box)

Providence

(City/Town)

RI 02903

(Zip Code)

and the name of the resident agent at such address is C T CORPORATION SYSTEM

(Name of Agent)

7. The secretary 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.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

325 W. Main Street, Suite 1750, Louisville, KY 40202

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

325 W. Main Street, Suite 1750, Louisville, KY 40202

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10. The limited liability company is to be managed by:

(Check one box only)

☒ its members or ☐ by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager:

| <u>Manager</u> | <u>Address</u> |
|----------------|----------------|
| N/A | |
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12. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

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.

Date: 4-15-03

Rawlings Financial Services, LLC

Print Exact Name of Limited Liability Company Making Application

By George Rawlings
Signature of authorized person

George Rawlings - Managing-Member



**JOHN Y. BROWN III
SECRETARY OF STATE**

CERTIFICATE

I, **JOHN Y. BROWN III**, Secretary of State for the Commonwealth of Kentucky, do hereby certify that the foregoing writing has been carefully compared by me with the original record thereof, now in my official custody as Secretary of State and remaining on file in my office, and found to be a true and correct copy of **ARTICLES OF ORGANIZATION OF**

RAWLINGS FINANCIAL SERVICES, LLC FILED NOVEMBER 27, 2002.



IN WITNESS WHEREOF, I have here unto set my hand and affixed my Official seal at Frankfort, Kentucky this 5TH day of May, 2003.

John Y. Brown, III

John Y. Brown, III
Secretary of State
Commonwealth of Kentucky
JD