

RIL DEPT. OF STATE BUS SYCS DIV

2020 JUL 24 PH 12: 01

## **Application for Registration** FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

applies for a Certificate of Registration to transact busing purpose submits the following statement:	ness in the State of Knode Island, and	J for that
1. The name of the limited liability company is:		
Percona, LLC	,	
Is this company organized in its state or country of for	mation as a low-profit limited liability	company? Yes No V
The name, if different, under which it proposes to regi	ster and transact business in Rhode I	sland is:
The LLC is organized under the laws of:  Delawa	are	y
3. The date of its organization is: 08-21-2012		
And the period of its duration is: CHECK ONE BOX	ONLY	
Perpetual (on-going)	,	
Date certain for dissolution		
4. The name and address of the resident agent/office	in Rhode Island is:	
Agent Name Corporation Service Company		
Street Address ( <u>NOT</u> a P.O. Box) 222 Jefferson Bouleva	ırd, Suite 200	
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it proposes to purs	sue in the transaction of business in R	thode Island are:
Open Source Database Services		
<i>1</i>		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rl.gov FILED

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:				
318 Blackwell Street, Suite 150, Durham, NC 27701				
8. The mailing address for the limited liability company is:				
318 Blackwell Street, Suite 150, Durham, NC 27701				
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			
Peter Zaitsev	318 Blackwell Street, Suite 150, Durham, NC 27701			
	-			
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: 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		Date		
Percona, LLC		7/20/2020		
Signature of Authorized Person				
M. Barrel.	11. Bairyel.			

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PERCONA, 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 TWENTY-THIRD DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PERCONA, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF AUGUST, A.D. 2012.

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

BUS SVCS DIV

5201773 8300 SR# 20206374040

Authentication: 203334391

Date: 07-23-20