

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

STAMP

Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for applies for a Certificate of Registration to transact business in		
purpose submits the following statement.	·- ·	
The name of the limited liability company is:		
Leaffilter North of Massachusetts, LLC		
Is this company organized in its state or country of formation	as a low-profit limited liability o	company? Yes No 🗹
The name, if different, under which it proposes to register and	I transact business in Rhode I	sland is:
The LLC is organized under the laws of:		
2. The LEC is organized under the laws of. Ohio		
3. The date of its organization is: 11/22/2010		
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 Rhoo	le Island is:	
Agent Name CORPORATION SERVICE COMPANY		
Street Address (<u>NOT</u> a P.O. Box) 222 JEFFERSON BOULEVAR	RD, SUITE 200	
City/Town WARWICK	State RHODE ISLAND	Zip Code ₀₂₈₈₈
5. The purpose or purposes which it proposes to pursue in th	e transaction of business in RI	hode Island are:
MARKETING, SALES, AND INSTALLATION OF GUTTER PRO	TECTION	
	Check the b	ox to indicate an attachment

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 any time, there is no resident agent or if the diligence.	I the agent of the foreign limited liability company fo e resident agent cannot be found or served followin	r service of process if, at g the exercise of reasonable	
	maintained in the state or country of its organization the foreign limited liability company is:	n by the laws of that state or,	
1595 GEORGETOWN ROAD, HUDSON, OH	44236		
8. The mailing address for the limited liabil	ity company is:		
1595 GEORGETOWN ROAD, HUDSON, OH	44236		
9. Management of the Limited Liability Cor	mpany:		
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		
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 Certifica	ate of Registration will be effective: CHECK ONE BO	OX 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 affi accompanying attachments, and that all s	rm that I have examined this Application for Registratements contained herein are true and correct.	ation, including any	
Type or Print Name of LLC		Date	
Leaffilter North of Massachusetts, LLC		9/29/2020	
Signature of Authorized Person Light 191			

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show LEAFFILTER NORTH OF MASSACHUSETTS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1978191, was organized within the State of Ohio on November 22, 2010, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 24th day of September, A.D. 2020.

Ohio Secretary of State

Fred John

Validation Number: 202026801064