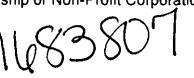
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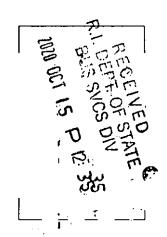


## **Application for Transfer of Authority**

FOREIGN Business Corporation, Limited Partnership,

Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation





The undersigned applicant applies for transfer of the following entity name for a non-renewable period of 120 days from the date of the *ORIGINAL* filling (pursuant to RIGL <u>7-1,2-403, 7-13-3, 7-16-10</u>, and <u>7-6-11.1</u>), the undersigned hereby transfers:

1. The name of the entity following transfer	er is:	
Maxitransfers LLC		
2. The undersigned duly qualified foreign	(check one box ONLY)	
Non-Profit Corporation	✓ Business Corporation	Limited Liability Company
Limited Partnership	Limited Liability Partnership	·
3. Submits the following Application for th	e purpose of transferring its authority to a	(check one box ONLY)
Limited Partnership	<ul> <li>Limited Liability Company</li> </ul>	<b>Business Corporation</b>
Limited Liability Partnership	Non-Profit Corporation	
4. The name of the entity filing this applic  Maxitransfers COUPDE CONTINUE		
5. The date on which the entity filing this 04/25/2018	application qualified to conduct business in	n the State of Rhode Island is:
6. The jurisdiction upon transfer of author Delaware	rity is:	
7. The name of the entity following the tra	ansfer of authority is:	<del></del>
Maxitransfers LLC		
8. The application for transfer of authority	is filed as an accompanying certificate to	the: (check one box ONLY)
Certificate of registration for a limite	ed partnership	
✓ Application for registration for a limit	ted liability company	FILED
Application for certificate of authorit	y for a business corporation	LIFED
Application for certificate of authorit	y for a non-profit corporation	OCT 1 5 2020
Notice of registration for a registere	d limited liability partnership	BY 3553W
8(a). The application for transfer of author	rity is accompanied by a certificate of good	standing or legal existence issued by

Application for Transfer of Authority,
herein are true and correct and that the the above.
Date 10/13/2020
Date
<del></del>
Date
Date

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov STAMP

RI SOS Filing Number: 202064925570 Date: 10/15/2020 12:35:00 PM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, 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:

October 15, 2020 12:35 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

