RI SOS Filing Number: 202066157960 Date: 10/16/2020 2:14:00 PM



State of Rhode Island

# **Department of State - Business Services Division**

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R.I. DEPT. OF STATE
BUS SVCS DIV
2020 OCT 16 P 2: 14

## **Application for Registration**

**FOREIGN Limited Liability Company** 

→ Filing Fee: \$150.00

1. The name of the limited liability company	is:		
PREAamerica LLC			
Is this company organized in its state or cou	ntry of formation a	s a low-profit limited liability co	ompany? Yes No 🗸
The name, if different, under which it propos	es to register and	transact business in Rhode Isl	and is:
(			
2. The LLC is organized under the laws of:	New Mexico		-
3. The date of its organization is: 11/8	3/2016		
And the period of its duration is: CHECK O	NE BOX ONLY		
Perpetual (on-going)			
Date certain for dissolution			
4. The name and address of the resident ag	ent/office in Rhod	e Island is:	
Agent Name Registered Agents Inc			
Street Address (NOT a P.O. Box) 47 Wood A	Ave, Suite 2		
City/Town Barrington ,		State RHODE ISLAND	Zip Code <sub>02806</sub>
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:			
PREA Audits			

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

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FORM 450 - Revised: 08/2020

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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:				
2920 Hwy 193 Raton, NM 87740				
8. The mailing address for the limited liability company is:				
PO Box 1473 Raton, NM 87740				
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			
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		
Tom Kovach		10/16/2020		
Signature of Authorized Person				
Tom Konach				



STATE OF NEW MEXICO

### MAGGIE TOULOUSE OLIVER

**SECRETARY OF STATE** 



Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

#### PREAamerica LLC 5329426

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

#### **Limited Liability Company Act**

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on November 8, 2016, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: October 16, 2020

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

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Maggie Jodonse Olim Maggie Toulouse Oliver Secretary of State

Certificate Validation #: 0042490

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the **Certificate Validation** option on the Business Filing System at https://portal.sos.state.nm.us/bfs/online and following the instructions displayed under **Certificate Validation**.

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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 16, 2020 02:14 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

