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State of Rhode Island		
Department of State - Business Services	s Division	
mulication for Designation		
Application for Registration		STAMP
→ Filing Fee: \$150.00		FOR BIORDIAN OF STAT
ursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned	l fornian limited liphility company	USLOWY
pplies for a Certificate of Registration to transact business i urpose submits the following statement:		
1. The name of the limited liability company is:		
The Cholula Food Company, LLC		
Is this company organized in its state or country of formatio	n as a low-profit limited liability of	company? Yes 🔲 No 📝
The name, if different, under which it proposes to register a	nd transact business in Rhode I	sland is
2. The LLC is organized under the laws of:		
3. The date of its organization is: March 2, 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 Rh	ode Island is:	
Agent Name		
Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard,	Suite 200	
	· · · · · · · · · · · · · · · · · · ·	
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it proposes to pursue in	the transaction of business in R	L hode Island are:
Seller of Mexican sauces - Wholesale		
	Check the b	ox to indicate an attachment
		FILED
MAIL TO: Division of Business Services		NOYO 22020, 1P
48 W. River Street, Providence, Rhode Island 02904-2615		11-59

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 appointe any time, there is no resident agent or if the diligence.	d the agent of the foreign limited liability company for the resident agent cannot be found or served following	or service of process if, at ng the exercise of reasonable		
The address of the office required to be if not so required, of the principal office of	maintained in the state or country of its organization the foreign limited liability company is:	on by the laws of that state or,		
1 Dock Street, Suite 600, Stamford, CT 06	8830			
8. The mailing address for the limited liabi	lity company is:			
1 Dock Street, Suite 600, Stamford, CT 06	5830			
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			
Matthew Leeds	599 W. Putnam Avenue, Greenwich, CT 06830			
Andrew Taub	599 W. Putnam Avenue, Greenwich. CT 06830			
Roberto Ortiz	599 W. Putnam Avenue, Greenwich, CT 06830			
James Egasti	599 W. Putnam Avenue, Greenwich, CT 06830			
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		
Matt Leeds, President		10/30/2020		
Signature of Authorized Person	11-			



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE CHOLULA FOOD COMPANY, 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 SECOND DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE CHOLULA FOOD COMPANY, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2012.

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



Jeffrey W. Bulliech, Sec etary of State

Authentication: 203987693 Date: 11-02-20

5118192 8300 SR# 20208163352 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1

State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

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:

November 02, 2020 12:08 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

