



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

R.I. DEPT. OF STATE  
BUS SVCS DIV  
2020 NOV 16 P 12:09

**APPLICATION FOR  
RESERVATION OF ENTITY NAME**

The undersigned applicant hereby applies for reservation of the following entity name for a non-renewable period of one hundred twenty (120) days from the date of this filing (other than as provided under Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended).

Portfolio One LLC

*(Name to be Reserved)*

The name is being reserved for the following type of entity pursuant to the applicable statutory provision:

*(Check One Only)*

- |  | <u>Filing Fee</u> |
|--|-------------------|
| <input type="checkbox"/> <u>Business Corporation</u> (including professional and foreign corporations) pursuant to Section 7-1.2-403 of the General Laws of Rhode Island, 1956, as amended.            | <u>(\$50.00)</u>  |
| <input type="checkbox"/> <u>Limited Partnership</u> (including foreign limited partnerships) pursuant to Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended.                         | <u>(\$50.00)</u>  |
| <input checked="" type="checkbox"/> <u>Limited Liability Company</u> (including foreign limited liability companies) pursuant to Section 7-16-10 of the General Laws of Rhode Island, 1956, as amended | <u>(\$50.00)</u>  |
| <input type="checkbox"/> <u>Non-Profit Corporation</u> (including foreign non-profit corporations) pursuant to Section 7-6-11.1 of the General Laws of Rhode Island, 1956, as amended.                 | <u>(\$20.00)</u>  |

The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the Secretary of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.

**FILED**

NOV 16 2020  
BY *[Signature]* NTPD2  
12:09

Name and Address of Applicant:

Joan Lancellot

5801 Pelican Bay Blvd., Suite 104

Naples, FL 34108

Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.

Submitted by:

*Joan Lancellot*  
(Signature)

Date: 10/29/2020

(Address, if different from above)



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 16, 2020 12:09 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

