

State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

 \rightarrow Filing Fee \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u> the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
Goldfein, LLC		
Is this company organized in its state or country of formation a	as a low-profit limited liability co	mpany? Yes 🗌 No 🖌
The name, if different, under which it proposes to register and	transact business in Rhode Isla	and is:
		2
2. The LLC is organized under the laws of: Georgia		1. DU 80
3. The date of its organization is: 03/10/2008		R - N
And the period of its duration is: CHECK ONE BOX ONLY	•	P
Perpetual (on-going)		PH 2
Date certain for dissolution		10 2: 40
4. The name and address of the resident agent/office in Rhod	e 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	e transaction of business in Rho	de Island are
To engage in the practice of law and to conduct any other business t	hat may lawfully be conducted by a	a limited liability company.
	Check the box	k 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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	d the agent of the foreign limited liability company for resident agent cannot be found or served following	
	maintained in the state or country of its organizatio	n by the laws of that state or,
if not so required, of the principal office of 13560 Morris Road, Suite 3150, Alpharetta, Ge		
9. The mailing address for the limited tabi	14.	
8. The mailing address for the limited liabil		
13560 Morris Road, Suite 3150, Alpharetta, Ge	orgia 30004-4608	
9. Management of the Limited Liability Con	mpany	
The Limited Liability Company is to be ma	naged by: CHECK ONLY ONE BOX	
By its members (If you have checked	this box, go to Section 9. (DO NOT fill out the char	t below.)
By one (1) or more managers (List managers below)		
MANAGER	ADDRESS	
10. This application must be accompanied formation dated within 60 days of the dated	by a <u>Certificate of Good Standing/Letter of Status</u> of filing.	from the state or country of
11. Date when this application for Certifica	ate of Registration will be effective: CHECK ONE B	DX ONLY
Date received (Upon filing)		
Later effective date (Date must be no	more than 90 days from the date of filing)	
	irm that I have examined this Application for Registi tatements contained herein are true and correct.	ration, including any
Type or Print Name of LLC		Date
Goldfein, LLC		02/19/2021
Signature of Authorized Person	-, Managing men	nbu

Control Number : 08020251

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

1, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Goldfein, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number: 20254489Date Inc/Auth/Filed: 03/10/2008Jurisdiction: GeorgiaPrint Date: 02/15/2021Form Number: 211



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Brad Raffensperger Secretary of State

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:

March 01, 2021 02:40 PM

Tulli M. Hole

Nellie M. Gorbea Secretary of State

