State of Rhode Island Department of State - Business Services	Division	
Application for Registration		R SET
FOREIGN Limited Liability Company		
→ Filing Fee: \$150.00		SVCS DI 19 PH
Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned applies for a Certificate of Registration to transact business in purpose submits the following statement:	foreign limited liability company l the State of Rhode Island, and	Arreby Contraction of the contra
1. The name of the limited liability company is:		
Genuine Food Lab, LLC		
Is this company organized in its state or country of formation	as a low-profit limited liability co	ompany? Yes 🗌 No 🔽
The name, if different, under which it proposes to register an	d transact business in Rhode Isl	and is:
2. The LLC is organized under the laws of: Delaware		
3. The date of its organization is: 06/04/2013	·····	······
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 Rho	de Island is:	
Agent Name Northwest Registered Agent, LLC		
Street Address (NOT a P.O. Box) 47 Wood Ave, Suite 2		
City/Town Barrington	State RHODE ISLAND	Zip Code 02808
5. The purpose or purposes which it proposes to pursue in the	e transaction of business in Rho	de Island are:
Genuine Foods delivers high quality, fresh, culturally relevant food communities across the country. With an emphasis on fresh ingred cultures and communities, Genuine Foods aims to improve the live vulnerable members can flourish. More information at www.genuin	lients, regional supplier relationship is and livelihoods of people and con	s and meals that celebrate local
	Check the box	to indicate an attachment
MAIL TO:		FILED M
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615	A	IAR 19 2021
Phone: (401) 222-3040 Website: www.sos.ri.gov	RV /	n KGTSJ
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6. The RI Department of State is a any time, there is no resident agen diligence.	ppointed the agent of the foreign limited liability company for service of process if, at it or if the resident agent cannot be found or served following the exercise of reasonable
7. The address of the office require if not so required, of the principal of	ed to be maintained in the state or country of its organization by the laws of that state or, iffice of the foreign limited llability company is:
228 Park Ave S, #69981 New York, NY	f 10003
8. The mailing address for the limit PO Box 96503, #69981, Washington, 1	
9. Management of the Limited Liab	ility Company:
The Limited Liability Company is to	be managed by: CHECK ONLY ONE BOX
By its members (If you have c	hecked this box, go to Section 9. (DO NOT fill out the chart below.)
By one (1) or more managers	(List managers below)
MANAGER	ADDRESS
Jeff Mills, Owner & CEO	386 Pemsong Lane, Yarmouth, ME 04096
•	
	•
10. This application must be accon formation dated within 60 days of t	npanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of he date of filing.
11. Date when this application for C	Certificate of Registration will be effective: CHECK ONE BOX ONLY
Date received (Upon filing)	
Later effective date (Date mus	st be no more than 90 days from the date of filing)
	and affirm that I have examined this Application for Registration, including any nate all statements contained herain are true and correct.
Type or Print Name of LLC	Date
Genuine Food Lab, LLC	3/15/21
Signature of Authorized Person	1
A	A

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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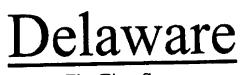
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GENUINE FOOD LAB, 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 TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GENUINE FOOD LAB, LLC" WAS FORMED ON THE FOURTH DAY OF JUNE, A.D. 2013.



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SR# 20210536847 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202583845

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Date: 02-24-21

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 19, 2021 03:20 PM

Tulli M. Hole

Nellie M. Gorbea Secretary of State

