Department of State - Business Services	3 Division	· · · · · · · · · · · · · · · · · · ·	
ore	Av. 6, 13%	س عد ، و به دیم در د د	
pplication for Registration	en de la companya de La companya de la co	3.1	e company
OREIGN Limited Liability Company	1		
→ Filing Fee: \$150.00	•		والمسادية المسادية والمسادية
	t families limited liability com	nany horoby	B. Ber Berry
ursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned oplies for a Certificate of Registration to transact business is urpose submits the following statement:	in the State of Rhode Island	i, and for that	
The name of the limited liability company is:			, t
IN-HOME LOGISTICS LLC			
Is this company organized in its state or country of formatio	on as a low-profit limited liab	oility company?	Yes No 🔽
The name, if different, under which it proposes to register a			
			7.1.8
2. The LLC is organized under the laws of: DELAWARE	E		ŗ.
3. The date of its organization is: OCTOBER 27, 2020	ı		28.
And the period of its duration is: CHECK ONE BOX ONLY	The second second second second	194 19	1 E.S.
Perpetual (on-going)	,		7 9
The second of th	, e e la la campa de la ca La campa de la		<u> </u>
Date certain for dissolution	and colored in		- 3
4. The name and address of the resident agent/office in Rh	100e Island Is.		7.5
Agent Name TRAC - THE REGISTERED AGENT COMPANY	Magazina ir para ir says — — — — — — — — — — — — — — — — — — —		
Street Address (NOT a P.O. Box) 222 JEFFERSON BOULEV	ARD, SUITE 200		i i
City/Town WARWICK	State RHODE ISLAN		U2888
5. The purpose or purposes which it proposes to pursue in	the transaction of business	s in Rhode Island a	ıre:
LOGISTICS	1	**	
ECCEPTION 1	pages of a fact of a property and a rectangle of which		
	- 15 <u>-</u>	Fr.	
			contraction of the system
معطور المراجع ا	الخطيف الدادية والأنامين يهوا سو	المهامة بمساهدها والمسهد	
ستوره که در میرون که در در در در میرون در میرون در میرون که در میرون که در در میرون که در در در در میرون میرون در در در در در در در در در در میرون میرون در	مروزه در میروند در میروند. مرا میروند Check	the box to indicate	an attachment
Light of the second of the sec	Check	the box to indicate	an attachment
Lague de la compressión de la compresión de la compresión de la compressión de la compresión de la compresió	Check	the box to indicate	an attachment
WAIL TO:	Check	the box to indicate	an attachment
MAIL TO: Division of Business Services	Check		11 11 11 11 11 11 11 11 11 11 11 11 11
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615	Check	the box to indicate	11 11 11 11 11 11 11 11 11 11 11 11 11
Division of Business Services	Check		11 11 11 11 11 11 11 11 11 11 11 11 11
Division of Business Services 48 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Vebsite: www.sos.ri.gov	Check	IMA'	11 11 11 11 11 11 11 11 11 11 11 11 11

6. The RI Department of State Is appointed	ed the agent of the foreign l	imited liability comp	any for service of process if, at	
any time, there is no resident agent or if t diligence.	he resident agent cannot b	e found or served fo	Mowing the exercise of reasonable	
7. The address of the office required to be if not so required, of the principal office of	e maintained in the state or f the foreign limited liability	country of its orgar company is:	ization by the laws of that state or,	
TRAC - THE REGISTERED AGENT COMP			R, DE 19901	
8. The mailing address for the limited liab 37 IRVING AVENUE ENGLEWOOD CLIF	ility company is: FS, NJ 07632			
9. Management of the Limited Liability Co	ompany:			
The Limited Liability Company is to be m	anaged by: CHECK ONLY	ONE BOX	, , , , A,	
By its members (If you have checked			e chart below.)	
By one (1) or more managers (List n	nanagers below)		A Company of the Comp	
MANAGER	ADDRESS			
JOHN SOLAN, III	37 IRVING AVENUE, ENGLEWOOD CLIFFS, NJ 07632			
	time are a second of		and the second of the second o	
			3	
tapats ≪ prive v en constantes de l'	Same and the same of the same		That is a second of the second	
10. This application must be accompanie formation dated within 60 days of the dated	ed by a <u>Certificate of Good</u>	Standing/Letter of S	tatus from the state or country of	
11. Date when this application for Certific	ate of Registration will be	effective: CHECK O	NE BOX ONLY	
✓ Date received (Upon filing)	, Marie Sar			
Later effective date (Date must be n	o more than 90 days from	the date of filing)		
Under penalty of perjury, I declare and a accompanying attachments, and that all	ffirm that I have examined t statements contained here	his Application for F in are true and corre	Registration, including any_ ect.	
Type or Print Name of LLC			Date	
IN-HOME LOGISTICS LLC	·	,	MAY <u>6th.</u> 2021	
Signature of Authorized Person	11			
John A	du			
Ú			<u> </u>	
The state of the s	g (*)). Bankara karangan dan mangangan bangan karangan karangan karangan dan pangan karangan karangan karangan karanga	standama — maga-tat de selvora maran es que es y an ar	nių eraspantais gridzypitys sparmir ydyk, — endatas sau et takas, samas stratėvait yrus eti	
<u>, </u>		•		
			9 - 9	
			entre de la companya de la companya La companya de la co	
,	•	, सम्पूर्णात्रीक राज्य	The state of the s	

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.rl.gov.

FORM 450 - Revised: 08/2020

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IN-HOME LOGISTICS 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 THIRTY-FIRST DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IN-HOME LOGISTICS LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2020.

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

ANYS

3988414 8300 SR# 20211120582 Authentication: 202864768

Date: 03-31-21