



State of Rhode Island

Department of State - Business Services Division

Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, 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:

RECEIVED STATE
BUS. SVCS. DIV.
2021 MAY -7 PM 12:07

1. The name of the limited liability company is:

SAULS SEISMIC, LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒

The name, if different, under which it proposes to register and transact business in Rhode Island is:

2. The LLC is organized under the laws of:

DELAWARE

3. The date of its organization is:

4/3/1989

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 Rhode Island is:

Agent Name

COGENCY GLOBAL INC.

Street Address (NOT a P.O. Box)

222 Jefferson Boulevard

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 Rhode Island are:

Vibration Monitoring and services

Check the box 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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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

850 NEWBURTON ROAD
SUITE 201
DOVER, DE 19904

8. The mailing address for the limited liability company is:

2879 Alton Way
Birmingham, AL 35210

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
HEWES HULL	2879 ALTON WAY BIRMINGHAM AL 35210

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status 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
Sauls Seismic, LLC	5.6.2021
Signature of Authorized Person	
Brooke J. Andrews - Controller	

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAULS SEISMIC, 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 SIXTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAULS SEISMIC, LLC" WAS FORMED ON THE THIRD DAY OF APRIL, A.D. 1989.

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



2192282 8300

SR# 20211630321

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203144308

Date: 05-06-21



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:

May 07, 2021 12:07 PM

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

Nellie M. Gorbea
Secretary of State

