



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Application for Registration**  
 FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 MAY 11 A 10:26

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:

1. The name of the limited liability company is: <input type="text"/>		
Success Systems LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is: <input type="text"/>		
2. The LLC is organized under the laws of: <input type="text"/> Puerto Rico		
3. The date of its organization is: <input type="text"/> 12/3/2020		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input type="radio"/>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is: <input type="text"/>		
Agent Name Business Filings Incorporated		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway Suite 7A		
City/Town East Providence	State <b>RHODE ISLAND</b>	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: <input type="text"/>		
Credit Repair Services		
Check the box to indicate an attachment <input type="checkbox"/>		

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://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. (b)(7)(C)

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: (b)(7)(C)

604 Hoare Street, San Juan, 00907 Puerto Rico

8. The mailing address for the limited liability company is: (b)(7)(C)

604 Hoare Street, San Juan, 00907 Puerto Rico

9. Management of the Limited Liability Company: (b)(7)(C)

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.) (b)(7)(C)

By one (1) or more managers (List managers below) (b)(7)(C)

MANAGER	ADDRESS

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. (b)(7)(C)

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY** (b)(7)(C)

Date received (Upon filing)

Later effective date (Date must be no more than 30 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.* (b)(7)(C)

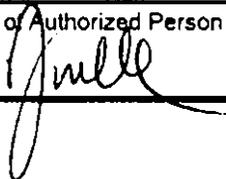
Type or Print Name of LLC

Success Systems LLC

Date

4/21/2021

Signature of Authorized Person



Jason Kaplan, Member



Government of Puerto Rico

## CERTIFICATE OF GOOD STANDING

I, **Lawrence N. Seilhamer Rodriguez**, Secretary of State of the Government of Puerto Rico,

**CERTIFY:** That, pursuant to Puerto Rico's General Law of Corporations, **SUCCESS SYSTEMS LLC**, register number **455298**, a **for profit domestic** Limited Liability Company organized under the laws of Puerto Rico on **December 3, 2020**, has complied with the payment of its Annual Fees.



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **May 10, 2021**.

A handwritten signature in black ink, appearing to read "Lawrence N. Seilhamer Rodriguez".

**Lawrence N. Seilhamer Rodriguez**  
Secretary of State

To validate this certificate go to

<http://estado.pr.gov/>

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number. **398231-67557182**



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 11, 2021 10:26 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

