RI SOS Filing Number: 202198961240 Date: 7/2/2021 2:18:00 PM



State of Rhode Island

**Department of State - Business Services Division** 

## **Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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

Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for applies for a Certificate of Registration to transact business in the purpose submits the following statement:	oreign limited liability company lithe State of Rhode Island, and	hereby for that	
1. The name of the limited liability company is:			
NWPS 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:			
	<u>.</u>		
3. The date of its organization is: 11/26/2018			
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 Northwest Registered Agents LLC			
Street Address (NOT a P.O. Box) 47 Wood Ave, Suite 2			
City/Town Barrington	State RHODE ISLAND	Zip Code 02806	
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: IT Consulting, Recruiting, Staffing			
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 FILED

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BYPY KK667

FORM 450 - Revised 08/2020

6. The RI Department of State is appointe any time, there is no resident agent or if the diligence.	d the agent of the foreign limited liability company f ne resident agent cannot be found or served following	or service of process if, at ng the exercise of reasonable	
<ol><li>The address of the office required to be if not so required, of the principal office of</li></ol>	maintained in the state or country of its organization the foreign limited liability company is:	on by the laws of that state or.	
1221 Brickell Ave. Suite 900 Miami FL 33131			
8. The mailing address for the limited liabil 1221 Brickell Ave. Suite 900 Miami FL 33131	lity company is:		
Management of the Limited Liability Co.	mpany:		
The Limited Liability Company is to be ma	naged by. CHECK ONLY ONE BOX	<u></u>	
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 by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.			
11. Date when this application for Certifica	ite of Registration will be effective: CHECK ONE B	OX ONLY	
✓ Date received (Upon filing)			
Later effective date (Date must be no	more than 90 days from the date of filing)		
	rm 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	
NWPS LLC		7/1/2021	
Signature of Authorized Person			
Ryan Lee			

## Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "NWPS 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 TWELFTH DAY OF MAY, A.D. 2021.

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SR# 20211731124

Authentication: 203190587

Date: 05-12-21

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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:

July 02, 2021 02:18 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

