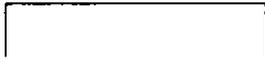




State of Rhode Island
Department of State - Business Services Division



Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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R.I. DEPT. OF STATE
BUS SVCS DIV
SECRETARY OF STATE
USE ONLY

2021 AUG -4 P 1:31

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:		
335 BENHAM NAVCAPMAN LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
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: CONNECTICUT		
3. The date of its organization is: January 23, 2013		
And the period of its duration is: CHECK ONE BOX ONLY		
<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:		
Agent Name Montalbano, Belliveau & St. Sauveur, LLP		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Residential real estate investment, holding, and management.		
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

FILED
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BY Ch 4V DVQ
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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:

2 Enterprise Drive, Suite 406, Shelton, CT 06484

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

2 Enterprise Drive, Suite 406
Shelton, CT 06484

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
Navarino ZComm LLC	2 Enterprise Drive, Suite 406, Shelton, CT 06484

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.

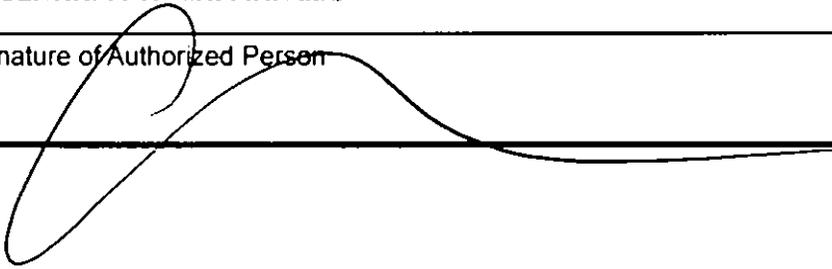
11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

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 335 BENHAM NAVCAPMAN LLC	Date 8/4/2021
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Signature of Authorized Person 

Secretary of the State of Connecticut Certificate of Legal Existence

Standard Certificate

Date Issued: August 02, 2021

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	335 BENHAM NAVCAPMAN LLC
Business ALEI	US-CT.BER:1094589
Formation Date	01/23/2013



Secretary of the State

Business ALEI: US-CT.BER:1094589

Certificate Number: C-00004313

Note: To verify this certificate, visit <http://www.business.ct.gov>



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:

August 04, 2021 01:31 PM

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

Nellie M. Gorbea
Secretary of State

