



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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:

1. The name of the limited liability company is:		
DTG II, PLC		
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:		
DTG II, LLC		
2. The LLC is organized under the laws of: Michigan		
3. The date of its organization is: 02/08/2021		
And the period of its duration is: CHECK ONLY ONE BOX		
☒ Perpetual (on-going)		
☐ Date certain for dissolution		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Registered Agents Inc		
Street Address (NOT a P.O. Box) One Richmond Square, STE 125B 47 Wood Ave. Ste. 2		
City/Town Providence	State RHODE ISLAND	Zip Code 02906 02806
5. The 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.		
6. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:		
1841 4th ST NW, Grand Rapids, MI 49504		

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

AUG 10 2021

BY [Signature] RT4HX

FORM 450 - Revised: 08/2016

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

1841 4th ST NW, Grand Rapids, MI 49504

8. Management of the Limited Liability Company:

The limited liability company is managed:

☐ 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
Ross Pope	1841 4th ST NW, Grand Rapids, MI 49504
Nishant Rao	1841 4th ST NW, Grand Rapids, MI 49504

9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.

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

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the day 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

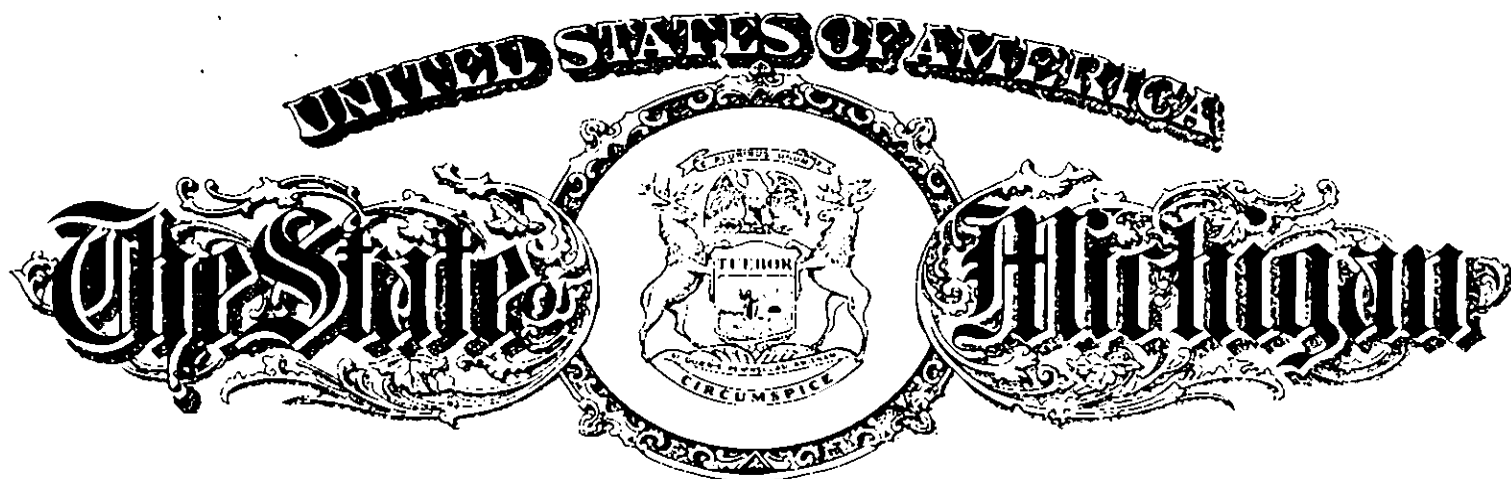
DTG II, PLC

Date

7/14/2021

Signature of Authorized Person

SIGN DOCUMENT HERE



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That
DTG II, PLC

was validly authorized on February 8, 2021, as a Michigan DOMESTIC PROFESSIONAL LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 21070274902

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 16th day of July, 2021.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau



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 10, 2021 08:30 AM

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

Nellie M. Gorbea
Secretary of State

