RI SOS Filing Number: 202100258480 Date: 8/20/2021 9:46:00 AM



Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

R.I. DEPT. OF STAT BUS SVCS DIV

2021 AUG 20 A 9: 4

| applies for a Certificate of Registration to transact business in purpose submits the following statement: | the State of Rhode Island, and | I for that | |
|--|--------------------------------------|-------------------|--|
| The name of the limited liability company is: | | | |
| PROVIDENCE MEZZ LLC | | | |
| Is this company organized in its state or country of formation | as a low-profit limited liability of | company? Yes No 🗹 | |
| The name, if different, under which it proposes to register an | d transact business in Rhode I | sland is: | |
| | | | |
| The LLC is organized under the laws of: DELAWARE | | | |
| 3. The date of its organization is: 7/9/2021 | | | |
| And the period of its duration is: CHECK ONE BOX ONLY | | | |
| Perpetual (on-going) | | | |
| Date certain for dissolution | <u></u> | | |
| 4. The name and address of the resident agent/office in Rho | de Island is: | | |
| Agent Name Registered Agents Inc. | | | |
| Street Address (NOT a P.O. Box) 47 Wood Avenue, 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: | | | |
| Real Estate | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 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 Websita: www.sos.ri.gov AUG 20 2021 FWFEY 9:46

| any time, there is no resident agent or if the diligence. | d the agent of the foreign limited liability company for se resident agent cannot be found or served following | ig the exercise of reasonable |
|--|---|---------------------------------|
| 7. The address of the office required to be if not so required, of the principal office of | maintained in the state or country of its organizatio the foreign limited liability company is: | n by the laws of that state or, |
| c/o JFR Global Investments LLC, 2329 Nostra | nd Avenue, Suite 200, Brooklyn, NY 11210 | |
| 8. The mailing address for the limited fiabi | lity company is: | |
| c/o JFR Global Investments LLC, 2329 Nostra | nd Avenue, Suite 200, Brooklyn, NY 11210 | |
| 9. Management of the Limited Liability Co. | трапу: | |
| The Limited Liability Company is to be ma | naged by: CHECK ONLY ONE BOX | |
| By its members (If you have checked | this box, go to Section 9. (DO NOT fill out the char | : below.) |
| By one (1) or more managers (List m | anagers below) | |
| MANAGER | ADDRESS | |
| Providence MM LLC | 2329 Nostrand Avenue, Suite 200, Brooklyn, NY 11210 | |
| | | _ |
| | | |
| | | |
| 10. This application must be accompanied formation dated within 60 days of the date | d by a <u>Certificate of Good Standing/Letter of Status</u> of filing. | from the state or country of |
| | ate of Registration will be effective: CHECK ONE Bo | OX ONLY |
| ✓ Date received (Upon filing) | | |
| 1 | more than 90 days from the date of filing) | |
| Under penalty of perjury, I declare and affi accompanying attachments, and that all s | irm that I have examined this Application for Registi tatements contained herein are true and correct. | ation, including any |
| Type or Print Name of LLC | W. A.M. | Date |
| PROVIDENCE MEZZ LLC | <i> } </i> | 08/12/2021 |
| Signature of Authorized Person | | |
| JUNI SIJIKY | / | |
| $\gamma \sim V$ | | |

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PROVIDENCE MEZZ 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 FOURTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROVIDENCE MEZZ LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2021.

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

Authentication: 203842600

Date: 08-04-21

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SR# 20212890052

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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:

August 20, 2021 09:46 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

