

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned fo applies for a Certificate of Registration to transact business in t				
purpose submits the following statement:	ne state of Knobe Island, and	ioi triat		
1. The name of the limited liability company is:				
NY and CO Ecomm 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: Delaware				
3. The date of its organization is: 9/15/2020				
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 RIVERSIDE FILINGS LLC				
Street Address (NOI a P.O. Box) 222 JEFFERSON BOULEVARD, SUITE 200,				
City/Town WARWICK	State RHODE ISLAND	Zip Code 02888		
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
Ecommerce sales of apparel				
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 SEP 07 2021 BY Ch 58.PH8 12.'48

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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 for ne resident agent cannot be found or served following	or service of process if, at ng the exercise of reasonable	
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 organization the foreign limited liability company is:	n by the laws of that state or,	
8 The Green STE A, Dover, DE, 19901			
8. The mailing address for the limited liability company is:			
1735 Jersey Avenue North Brunswick, NJ 0890	02		
9. Management of the Limited Liability Co	mpany:		
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		
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 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)			
	irm 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	
NY and CO Ecomm LLC		9/3/2021	
Signature of Authorized Person			
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NY AND CO ECOMM 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 TWENTY-SIXTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NY AND CO ECOMM LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2020.

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

3664979 8300 SR# 20213086243 Authentication: 204012426

Date: 08-26-21