



State of Rhode Island

Department of State - Business Services Division

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RI DEPT OF STATE
BUS SVCS DIV
2021 SEP 16 PM 12:09

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:		
EGMP 407 East Avenue 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: July 27, 2021		
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		
Capitol Corporate Services, Inc.		
Street Address (NOT a P.O. Box)		
222 Jefferson Blvd., Ste. 200		
City/Town	State	Zip Code
Warwick	RHODE ISLAND	02888
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
To acquire, own, hold, lease, operate, manage, maintain, and improve real property		
Check the box to indicate an attachment ☐		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

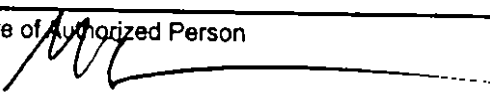
Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

SEP 16 2021

BY *[Signature]* 12:09
FORM 450 - Revised: 08/2021

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: 225 Ottley Drive NE, Suite 140, Atlanta, GA 30324	
8. The mailing address for the limited liability company is: 225 Ottley Drive NE, Suite 140, Atlanta, GA 30324	
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, DO NOT fill out the chart below) ☒ By one (1) or more managers (List managers below)	
MANAGER	ADDRESS
EGMP GP I, LLC	225 Ottley Drive NE, Suite 140, Atlanta, GA 30324
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) _____	
<i>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.</i>	
Type or Print Name of LLC	Date
EGMP 407 East Avenue LLC	9/15/2021
Signature of Authorized Person 	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EGMP 407 EAST AVENUE 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EGMP 407 EAST AVENUE LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2021.

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



6120147 8300

SR# 20213254822

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204165445

Date: 09-15-21



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:

September 16, 2021 12:09 PM

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

Nellie M. Gorbea
Secretary of State

