



State of Rhode Island  
Department of State - Business Services Division

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2021 OCT 12 AM 8:32

**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:                                                                                                                              |                       |                   |
| Newport Dogie, 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: Texas                                                                                                                              |                       |                   |
| 3. The date of its organization is: 4/26/16                                                                                                                                   |                       |                   |
| 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 Thomas B. Orr, Esq.                                                                                                                                                |                       |                   |
| Street Address (NOT a P.O. Box) 250 Greene Lane                                                                                                                               |                       |                   |
| City/Town<br>Middletown                                                                                                                                                       | State<br>RHODE ISLAND | Zip Code<br>02842 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:<br>to own and sell real property                                   |                       |                   |
| 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

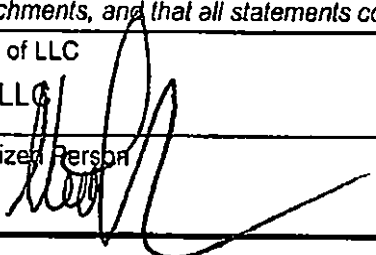
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BY *[Signature]* PEHTT

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FORM 450 - Revised: 08/2002

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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:<br>4020 W. 5th St., Fort Worth, TX 76107  |                 |
| 8. The mailing address for the limited liability company is:<br>same                                                                                                                                                                                                |                 |
| 9. Management of the Limited Liability Company:                                                                                                                                                                                                                     |                 |
| The Limited Liability Company is to be managed by: <b>CHECK ONLY ONE BOX</b>                                                                                                                                                                                        |                 |
| <input checked="" type="checkbox"/> By its members (If you have checked this box, <b>DO NOT</b> fill out the chart below)                                                                                                                                           |                 |
| <input type="checkbox"/> 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: <b>CHECK ONE BOX ONLY</b>                                                                                                                                                         |                 |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                                                                                     |                 |
| <input type="checkbox"/> 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<br>Newport Dogie, LLC                                                                                                                                                                                                                     | Date<br>10/7/21 |
| Signature of Authorized Person<br>                                                                                                                                               |                 |



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Newport Dogie, LLC (file number 802442505), a Domestic Limited Liability Company (LLC), was filed in this office on April 25, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 11, 2021.



A handwritten signature of Jose A. Esparza, consisting of stylized initials "JE" followed by a long horizontal line.

Jose A. Esparza  
Deputy Secretary of State