



State of Rhode Island
Department of State - Business Services Division

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BUS. SVCS. DIV.
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Application for Registration
FOREIGN Limited Liability Company

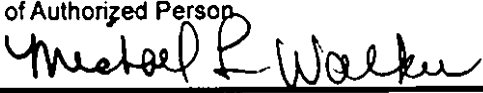
→ Filing Fee: \$150.00

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:		
TigerDirect, 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: California		
3. The date of its organization is: 01/01/2020		
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 Corporation Service Company		
Street Address (NOT 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:		
Online retail sales of computer and computer related products and services.		
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

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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: 10050 N. Wolfe Rd., Suite 281, Cupertino CA 95014	
8. The mailing address for the limited liability company is: 10050 N. Wolfe Rd., Suite 281, Cupertino CA 95014	
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, 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) _____	
<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 TigerDirect, LLC	Date 11-2-2021
Signature of Authorized Person 	



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: TIGERDIRECT, LLC
File Number: 202000210080
Registration Date: 01/01/2020
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of September 19, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 20, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: Y81XX2Z

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bizfile.sos.ca.gov/certification/index.



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:

November 09, 2021 12:20 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written in a cursive style.

Nellie M. Gorbea
Secretary of State

