



State of Rhode Island

Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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R.I. DEPT. OF STATE
BUS SVCS DIV.

2022 DEC 13 P 1:51

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: | | |
| Freedom Warranty, 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: Tennessee | | |
| 3. The date of its organization is: 09/29/2016 | | |
| 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 C T Corporation System | | |
| Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A | | |
| City/Town East Providence | State RHODE ISLAND | Zip Code 02914 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: | | |
| Holding Co | | |
| 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

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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: 117 Lee Parkway Dr., Chattanooga, TN 37421 | |
| 8. The mailing address for the limited liability company is: 117 Lee Parkway Dr., Chattanooga, TN 37421 | |
| 9. Management of the Limited Liability Company: The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX <input checked="checked" type="checkbox"/> By its members (If you have checked this box, DO NOT 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: CHECK ONE BOX ONLY <input checked="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 Freedom Warranty, LLC | Date 12-2-22 |
| Signature of Authorized Person  Christopher Miller, CEO | |

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.



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CT CORPORATION

December 8, 2022

CT CORPORATION
600 SOUTH 2ND STREET SUITE 104
WOLTERS KLUWER 600 SOUTH 2N 600 SO
SPRINGFIELD, IL 62704

Request Type: Certificate of Existence/Authorization

Issuance Date: 12/08/2022

Request #: 0506634

Copies Requested: 1

Document Receipt

Receipt #: 007635375

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3841469755

\$20.00

Regarding: Freedom Warranty LLC

Filing Type: Limited Liability Company - Domestic

Control #: 868984

Formation/Qualification Date: 09/29/2016

Date Formed: 09/30/2016

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: HAMILTON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Freedom Warranty LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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