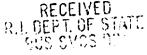


Fictitious Business Name Statement

DOMESTIC or FOREIGN Partnership

→ Filing Fee: \$50.00



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ret n. . . •

Pursuant to the provisions of RIGL <u>7-12,1-902,1</u> or <u>7-13,1-114,1</u> the undersigned limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

| 1. Entity ID Number: | 2. The name of the Partnership is: | | |
|--|--|---------------------------------|-----------|
| 001720795 | Nelson Mullins Riley & Scarborough LLP | | |
| 3. The fictitious business name to be used is: | | | |
| Nelson Mullins | | | |
| 4. The state or country the entity if formed is: | | 5. The date of registration is: | |
| South Carolina | | . 9/19/2018 | |
| 6. Applicant is otherwise authorized to do business in the state of Rhode Island. | | | |
| Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct. | | | |
| Name of Applicant Partnership | | Date | |
| Daniel S. Sanders, Jr. | | | 1/24/2023 |
| Signature of General Partner or Authorized Person | | | |
| Daniel S. Sandung. | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 25 2023 V 1295 C