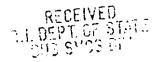


## **Application for Registration**

**FOREIGN Limited Liability Company** 

→ Filing Fee: \$150.00



2023 FEB -6 P 1: 21

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

ourpose submits the following statement:				
The name of the limited liability company is:				
EPS Operations, LLC				
Is this company organized in its state or country of forma	ition as a low-profit limited liability o	company? Yes	No X	
The name, if different, under which it proposes to registe	r and transact business in Rhode I	sland is:		
2. The LLC is organized under the laws of: Delaware				
3. The date of its organization is: January 12, 2023				
And the period of its duration is: CHECK ONE BOX ONLY				
X Perpetual (on-going)				
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 Educational Programs	in the transaction of business in R	hode Island are:		
t Automit Fograns				
·				
	Check the b	ox to indicate an atta	chment	
	——————————————————————————————————————			

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.n.gov FILED

FEB 0 6 2023

FORM 450 - Revised: 12/2021

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 if not so required, of the principal office of	maintained in the state or country of its organization the foreign limited liability company is:	n by the laws of that state or,		
2029 Century Park E., Suite 400, Los Angeles,	. CA 90067			
8. The mailing address for the limited liabil	ity company is:			
2029 Century Park E., Suite 400, Los Angeles.	. CA 90067			
9. Management of the Limited Liability Company:				
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX				
X By its members (If you have checked this box, <b>DO NOT</b> 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				
X Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
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.				
Type or Print Name of LLC		Date		
EPS Operations, LLC		01/25/2023		
Signature of Authorized Person				

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EPS OPERATIONS, 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 TWENTY-FOURTH DAY OF JANUARY, A.D. 2023.

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

THE STATE OF THE S

Authentication: 202561689

Date: 01-24-23