## Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED M. DEPT. OF STATE LIP BUS SVOS DO

2073 FEB 23 P"1: 20

Pursuant to the provisions of RIGL <u>7-16-49</u>, 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:

purpose submits the following statement:				
The name of the limited liability company is:				
VALPAK FRANCHISE OPERATIONS, LLC			_	
Is this company organized in its state or country of formation a	is a low-profit limited liability co	mpany? Yes	No X	
The name, if different, under which it proposes to register and transact business in Rhode Island is:				
			1	
2. The LLC is organized under the laws of: Delaware				
3. The date of its organization is: 09/26/1991				
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 in the transaction of business in Rhode Island are:				
Direct marketing 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 SIALIF

FEB 2,3 2023

FORM 450 - Revised: 12/2021

<ol><li>The RI Department of State is appointed any time, there is no resident agent or if the diligence.</li></ol>	d the agent of the foreign limited liability company for e resident agent cannot be found or served following	or service of process if, at ing the exercise of reasonable	
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 organizatio the foreign limited liability company is:	n by the laws of that state or,	
1 Valpak Avenue N., St. Petersburg, FL 33716			
8. The mailing address for the limited liabil	ity company is:		
1 Valpak Avenuc N., St. Petersburg, FL 33716			
9. Management of the Limited Liability Cor	mpany:		
The Limited Liability Company is to be ma	naged by: CHECK ONLY ONE BOX		
By its members (If you have checked	this box, DO NOT fill out the chart below)		
X By one (1) or more managers (List managers below)			
MANAGER	ADDRESS		
Mary Ann Sigler	1 Valpak Avenue N., St. Petersburg, FL 33716		
10. This application must be accompanied formation dated within 60 days of the date	by a <u>Certificate of Good Standing/Letter of Status</u> of filing.	from the state or country of	
11. Date when this application for Certifica	te of Registration will be effective: CHECK ONE Bo	OX 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 affi accompanying attachments, and that all s	rm that I have examined this Application for Registi tatements contained herein are true and correct.	ration, including any	
Type or Print Name of LLC		Date	
VALPAK FRANCHISE OPERATIONS, LLC		01/25/2023	
Signature of Authorized Person  MSUAL LLATO			

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VALPAK FRANCHISE 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 FIRST DAY OF FEBRUARY, A.D. 2023.

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

Authentication: 202623440

Date: 02-01-23