



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$150.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Limited Liability Company  
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is: Magnolia Soap and Bath Co FRCH LLC

*Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.*

Check if this company is organized in its state or country of formation as a low-profit limited liability company.

**ARTICLE II**

The name, if different, under which it proposes to register and transact business in Rhode Island is:

**ARTICLE III**

The Limited Liability Company is organized under the laws of: State: MS Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date: 3/13/2023

**ARTICLE IV**

The date of its organization is: 3/12/2021

**ARTICLE V**

The period of its duration is:  Perpetual

**ARTICLE VI**

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 2 PROSPECT AVE

City or Town: COVENTRY

State: RI Zip: 02816

Name: ANGELA MAGEN BYNUM

**Article VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

TO PURSUE GROWING AND NATIONAL EXPOSURE OF OUR COMPANY. WE ARE A FRANCHISE COMPANY THAT MANUFACTURES SOAP AND OTHER HOUSEHOLD PRODUCTS.

**ARTICLE VIII**

The Rhode Island 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.

**ARTICLE IX**

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 1533 HWY 30 W  
City or Town: MYRTLE State: MS Zip: 38650 Country: USA

**ARTICLE X**

The mailing address for the limited liability company is:

No. and Street: PO BOX 72  
City or Town: SHERMAN State: MS Zip: 38869 Country: USA

**ARTICLE XI**

The limited liability company is to be managed by its X Members or     Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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*This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

**Signed this 13 Day of March, 2023 at 3:41:39 PM by the Authorized Person.**

MAGEN BYNUM

Form No. 450  
Revised 09/07

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**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

**MAGNOLIA SOAP AND BATH CO. FRCH, LLC**

Registered the 12th day of March, 2021

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

119 West Bankhead Street  
New Albany, MS 38652

And that the registered agent at that address is:

Magen Bynum

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 13th day of March, 2023

A handwritten signature in black ink that reads "Michael Watson". The signature is written in a cursive style with a large initial "M".

Certificate Number: CN23160341

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

March 13, 2023 03:41 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

