



**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: Tent OX 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: PA 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: 05/04/2023

ARTICLE IV

The date of its organization is: 6/24/2015

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: 115 LYMAN AVE

City or Town: WARWICK

State: RI Zip: 02888

Name: LAURA SNEED-DELMASTRO

Article VII

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

SELL SPECIALLY EQUIPPED ARTICULATED LOADER AND TOOLS TO COMMERCIAL TENT RENTAL COMPANIES TO FACILITATE THE INSTALLATION OF LARGE TEMPORARY STRUCTURES AND TENTS.

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: 5246 SIMPSON FERRY RD #381

City or Town: MECHANICSBURG

State: PA Zip: 17050-3514 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 5246 SIMPSON FERRY RD #381

City or Town: MECHANICSBURG

State: PA Zip: 17050-3514 Country: USA

ARTICLE XI

The limited liability company is to be managed by its ___ Members or X 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
MANAGER	ANDY MATTRICK	606 COCKLIN ST MECHANICSBURG, PA 17055 USA
MANAGER	FRAN SMITH	80 WINEBERRY CT ELIZABETHTOWN, PA 17022 USA

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 4 Day of May, 2023 at 10:22:06 AM by the Authorized Person.

FRAN SMITH

Form No. 450
Revised 09/07

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Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Tent Ox, LLC
Request Type: Subsistence Certificate
Request No.: 014409124
Receipt No.: 000497043
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: June 24, 2015
Status: Active

Issuance Date: May 01, 2023
File No.: 0004365197

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Tent Ox, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov



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:

May 04, 2023 10:21 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

