



State of Rhode Island  
Department of State - Business Services Division

**Statement of Registration**

FOREIGN Limited Liability Partnership

→ Filing Fee: \$150.00

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OFFICE OF THE STATE  
USE ONLY

Pursuant to the provisions of RIGL 7-12.1-1003, the undersigned foreign limited liability partnership hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

|                                                                                                                                                                                                                                                        |                                  |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------|
| 1. The name of the limited liability partnership is:                                                                                                                                                                                                   |                                  |                |
| Copeland Buhl & Company PLLP                                                                                                                                                                                                                           |                                  |                |
| The name, if different, which it elects to use in Rhode Island is:                                                                                                                                                                                     |                                  |                |
| Copeland Buhl & Company LLP.                                                                                                                                                                                                                           |                                  |                |
| 2. The partnership is organized under the laws of:                                                                                                                                                                                                     | 3. The date of its formation is: |                |
| Minnesota                                                                                                                                                                                                                                              | 12/10/2001                       |                |
| 4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:                                                                                                                                             |                                  |                |
| One HR professional working remotely from residence in Rhode Island for Copeland Buhl which is a CPA firm.                                                                                                                                             |                                  |                |
| 5. The name and address of the registered agent/office in Rhode Island is:                                                                                                                                                                             |                                  |                |
| Agent Name Morgan Bartkowski                                                                                                                                                                                                                           |                                  |                |
| Street Address (NOT a P.O. Box) 430 Shippee Rd                                                                                                                                                                                                         |                                  |                |
| City/Town East Greewich                                                                                                                                                                                                                                | State RHODE ISLAND               | Zip Code 02818 |
| 6. The Department of State is appointed the agent of the foreign partnership for service of process if, at any time, there is no registered agent or if the registered agent cannot be found or served following the exercise of reasonable diligence. |                                  |                |
| 7. The address, if applicable, of the office required to be maintained in the state or country of its organization is:                                                                                                                                 |                                  |                |

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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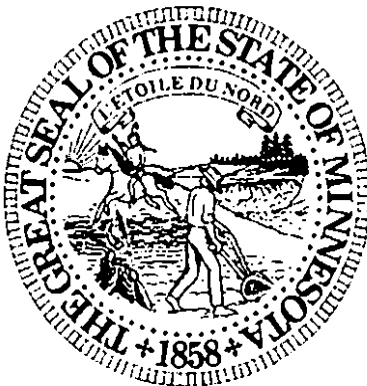
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|----------------|
| 8. The name and business address of at least one partner is:                                                                                                                                                          |  |                                                   |                |
| GENERAL PARTNER                                                                                                                                                                                                       |  | BUSINESS ADDRESS                                  |                |
| Nathan Lilleodden                                                                                                                                                                                                     |  | 800 E. Wayzata Blvd, Suite 300, Wayzata, MN 55391 |                |
|                                                                                                                                                                                                                       |  |                                                   |                |
|                                                                                                                                                                                                                       |  |                                                   |                |
|                                                                                                                                                                                                                       |  |                                                   |                |
| 9. The address of the foreign partnership's principal place of business is:                                                                                                                                           |  |                                                   |                |
| Address 800 E. Wayzata Blvd, Suite 300                                                                                                                                                                                |  |                                                   |                |
| City/Town Wayzata                                                                                                                                                                                                     |  | State MN                                          | Zip Code 55391 |
| 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 Statement of Registration for a partnership will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                                           |  |                                                   |                |
| <input checked="checked" type="checkbox"/> Date recieved (upon filing)                                                                                                                                                |  |                                                   |                |
| <input type="checkbox"/> Later effective date (date must be no more than 90 days from the date of filing) _____                                                                                                       |  |                                                   |                |
| 12. <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Registration, including any accompanying attachments, and that all statements contained herein are true and correct.</i> |  |                                                   |                |
| Type or Print Name of Partner                                                                                                                                                                                         |  |                                                   | Date           |
| Nathan Lilleodden                                                                                                                                                                                                     |  |                                                   | 5/8/2023       |
| Signature of Partner                                                                                                               |  |                                                   |                |

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

|                              |                              |
|------------------------------|------------------------------|
| Name:                        | Copeland Buhl & Company PLLP |
| Date Filed:                  | 12/10/2001                   |
| File Number:                 | 9322-LLP                     |
| Minnesota Statutes, Chapter: | 323A                         |
| Home Jurisdiction:           | Minnesota                    |

This certificate has been issued on: 05/04/2023



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota