



**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: Center of Effort 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: MO 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: 05/12/2023

**ARTICLE IV**

The date of its organization is: 11/18/2007

**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: 39 RIVER AVE

City or Town: SOUTH KINGSTOWN

State: RI

Zip: 02879

Name: JERI LEVESQUE

## Article VII

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

EDUCATIONAL CONSULTING

THE TRANSACTION OF ANY LAWFUL BUSINESS FOR WHICH A LIMITED LIABILITY COMPANY

MAY BE ORGANIZED UNDER THE MISSOURI LIMITED LIABILITY COMPANY ACT,

CHAPTER

347 RSMO.

## 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: 15020 LAKE CLAY DR

City or Town: CHESTERFIELD

State: MO

Zip: 63017

Country: USA

## ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 15020 LAKE CLAY DR

City or Town: CHESTERFIELD

State: MO

Zip: 63017

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 12 Day of May, 2023 at 10:20:28 AM by the Authorized Person.**

RANDALL J LEVESQUE

Form No. 450  
Revised 09/07

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# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

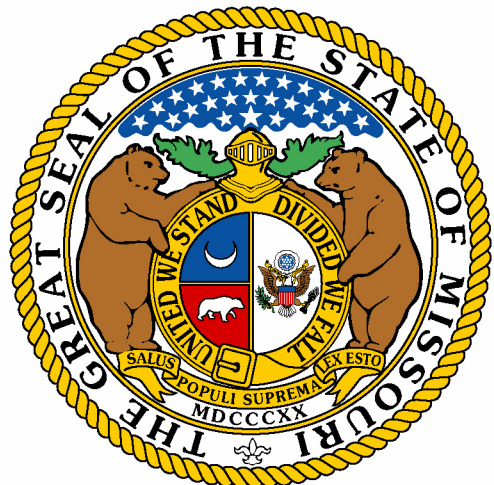
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

*Center of Effort LLC*  
*LC0856315*

was created under the laws of this State on the 18th day of November, 2007, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 12th day of May, 2023.

  
Secretary of State



Certification Number: CERT-05122023-0010