

## Application for Registration

**FOREIGN Limited Liability Company** 

→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL 7-16-49, 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: 1. The name of the limited liability company is: VYNAMIC LLC Is this company organized in its state or country of formation as a low-profit limited liability company? No X Yes The name, if different, under which it proposes to register and transact business in Rhode Island is: 2. The LLC is organized under the laws of: CONNECTICUT 3. The date of its organization is: 01/02/2004 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 Capitol Corporate Services, Inc. Street Address (NOT a P.O. Box) 222 Jefferson Blvd Ste 200 City/Town State Zip Code Warwick **RHODE ISLAND** 02888 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: CONSULTING 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

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<ol><li>The RI Department of State is appointe any time, there is no resident agent or if the diligence.</li></ol>	d the agent of the foreign limited liability company for ne resident agent cannot be found or served following	or service of process if, at ng the exercise of reasonable
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:		
1600 ARCH STREET, STE 200, PHILADELPHIA, PA 19103		
8. The mailing address for the limited liability company is:		
1600 ARCH STREET, STE 200, PHILADELPHIA, PA 19103		
9. Management of the Limited Liability Company:		
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX		
By its members (If you have checked this box, DO NOT fill out the chart below)		
By one (1) or more managers (List managers below)		
MANAGER	ADDRESS	
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 application for Certificate of Registration will be effective: CHECK ONE BOX ONLY		
□ Date received (Upon filing)		
Later effective date (Date must be no more than 90 days from the date of filing)		
	irm that I have examined this Application for Registr tatements contained herein are true and correct.	ration, including any
Type or Print Name of LLC		Date
VYNAMIC LLC		05/17/2023
Signature of Authorized Person		
Milinoa Mocarulli		

## Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: May 19, 2023

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office. A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence. **Business Details** Business Name / VYNAMIC LLC Business ALEI // US-CT/BER:0769726 Formation Date / /01/02/2004 /\* Secretary(of-the State

Business ALEI: US-CT.BER:0769726

Note: To verify this certificate, visit Business.ct.gov

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Certificate Number: C-00094322