RI SOS Filing Number: 202341875790 Date: 9/25/2023 1:28:00 PM



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: Savoy Investment Properties, 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.

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: <u>LA</u> Country: <u>USA</u>

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: 09/25/2023

ARTICLE IV

The date of its organization is: 10/14/2022

ARTICLE V

The period of its duration is: X Perpetual

ARTICLE VI

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

No. and Street: 222 JEFFERSON BLVD.

City or Town: WARWICK State: RI Zip: 02888

Name: <u>COGENCY GLOBAL, INC.</u>

Article VII

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

OTHER REAL ESTATE ACTIVITIES

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: 1100 CAMELLIA BLVD.

STE. 201

City or Town: <u>LAFAYETTE</u> State: <u>LA</u> Zip: <u>70508</u> Country: <u>USA</u>

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 1100 CAMELLIA BLVD.

STE. 201

City or Town: <u>LAFAYETTE</u> State: <u>LA</u> Zip: <u>70508</u> Country: <u>USA</u>

ARTICLE XI

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

* If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS (Individuals hired by the members with no ownership interest).

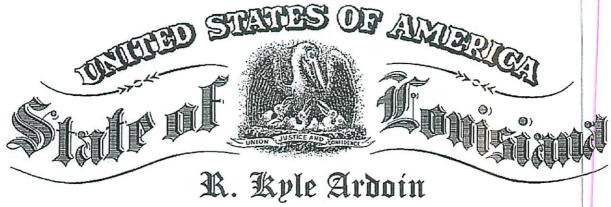
The name and address of each manager:

| Title | Individual Name | Address |
|-------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

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 25 Day of September, 2023 at 1:31:17 PM by the Authorized Person.

| VALERIE SCHEXNIDER | |
|--|--|
| Form No. 450 Revised 09/07 | |
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| | |



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

SAVOY INVESTMENT PROPERTIES, LLC

A limited liability company domiciled in LAFAYETTE, LOUISIANA,

Filed charter and qualified to do business in this State on October 14, 2022,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 18, 2023

R 1 Le 162 Secretary of State

Web 45123277K

OF LOUIS TOURS TOURS

Certificate ID: 11784705#G6Q83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

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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:

September 25, 2023 01:28 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

