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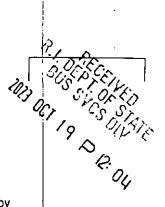


State of Rhode Island **Department of State - Business Services Division**

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 limi	ted liability company is:		i			
	T	CB Furniture Medic	, LLC	l	· .	
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No 🔀						
The name, if different, under which it proposes to register and transact business in Rhode Island is:						
		v				
2. The LLC is organized	d under the laws of:	<u> </u>	Delaware			
3. The date of its organ	he date of its organization is: 03/24/2023					
And the period of its duration is: CHECK ONE BOX ONLY						
Perpetual (on-going)						
Date certain for dissolution						
4. The name and addre	ess of the resident agent/of	fice in Rhode Island	is:		···-	
Agent Name COGENCY GLOBAL INC.						
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard						
City/Town	Warwick	State RI	IODE ISLAND	Zip Code	02888	
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:						
Franchisor of the "Furniture Medic" business						
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

RY FILED BY

FORM 450 - Revised: 12/2021

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6. The RI Department of State is appointed any time, there is no resident agent or if the diligence.	ed the agent of the foreign limited liability company f he resident agent cannot be found or served followi	or service of ng the exerci	process if, at se of reasonable	
The address of the office required to be if not so required, of the principal office of	e maintained in the state or country of its organization the foreign limited liability company is:	on by the law	s of that state or,	
	Peachtree Rd NW, Suite 360 Atlanta, GA 30305			
8. The mailing address for the limited liab	ility company is:			
3060 F	eachtree Rd NW, Suite 360, Atlanta, GA 30305	<u> </u>		
9. Management of the Limited Liability Co	ompany:			
The Limited Liability Company is to be ma	anaged by: CHECK ONLY ONE BOX			
By its members (If you have checked	t this box, DO NOT fill out the chart below)			
By one (1) or more managers (List m	anagers below)			
MANAGER	ADDRESS		· · · · · · · · · · · · · · · · · · ·	
		·		
			<u></u>	
10. This application must be accompanied formation dated within 60 days of the date	d by a <u>Certificate of Good Standing/Letter of Status</u> of filing.	from the stat	e or country of	
11. Date when this application for Certification	ate of Registration will be effective: CHECK ONE B	OX ONLY	· · · · · · · · · · · · · · · · · · ·	
X Date received (Upon filing)	:			
Later effective date (Date must be no more than 90 days from the date of filing)				
Under penalty of perjury, I declare and aff accompanying attachments, and that all s	irm that I have examined this Application for Regist tatements contained herein are true and correct.	ration, includi	ng any	
Type or Print Name of LLC		Date		
	niture Medic, LLC	6/2	u)23	
Signature of Authorized Person	Wh Da			
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			• •	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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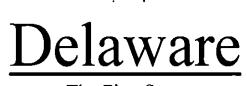
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TCB FURNITURE MEDIC, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TCB FURNITURE MEDIC, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 204200820 Date: 09-20-23

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SR# 20233534173 You may verify this certificate online at corp.delaware.gov/authver.shtml 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:

October 19, 2023 12:04 PM

Treng M. Course

Gregg M. Amore Secretary of State

