



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2023 OCT 19 P 12:04

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: | | | |
| TCB Furniture Medic, LLC | | | |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 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: | | | |
| Delaware | | | |
| 3. The date of its organization is: | | | |
| 03/24/2023 | | | |
| And the period of its duration is: CHECK ONE BOX ONLY | | | |
| <input checked="" type="checkbox"/> Perpetual (on-going) | | | |
| <input type="checkbox"/> Date certain for dissolution _____ | | | |
| 4. The name and address of the resident agent/office in Rhode Island is: | | | |
| Agent Name | | | |
| COGENCY GLOBAL INC. | | | |
| Street Address (NOT a P.O. Box) | | | |
| 222 Jefferson Boulevard | | | |
| 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: | | | |
| Franchisor of the "Furniture Medic" business | | | |
| Check the box to indicate an attachment <input type="checkbox"/> | | | |

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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 BY 28979

6. The RI 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.

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:

3060 Peachtree Rd NW, Suite 360 Atlanta, GA 30305

8. The mailing address for the limited liability company is:

3060 Peachtree Rd NW, Suite 360, Atlanta, GA 30305

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

| MANAGER | ADDRESS |
|---------|---------|
| | |
| | |
| | |
| | |

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status 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) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

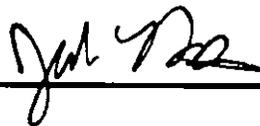
Type or Print Name of LLC

TCB Furniture Medic, LLC

Date

6/20/23

Signature of Authorized Person



Delaware

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The First State

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.



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SR# 20233534173

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204200820

Date: 09-20-23