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

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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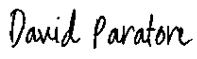
Pursuant to the provisions of RIGL 7-16-47, the undersigned hereby submits the following
Articles of Dissolution:

| | |
|---|--|
| 1. Entity ID Number: 001728724 | 2. The name of the limited liability company is: CP Seller Rep, LLC |
| 3. The date of filing of its original Articles of Organization was: August 30, 2021 | |
| 4. The dates of filing of all amendments to the original Articles of Organization or the most recent restatement, if any, and all subsequent amendments thereto: None | |
| 5. The reason(s) for filing the Articles of Dissolution are: The limited liability company ceased doing business. | |
| 6. State any other information or provision, not inconsistent with law, which the members or authorized person signing the Articles of Dissolution elect to set forth: N/A | |

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 2419693

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|---|-------------------------------------|--------------------------|
| 7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited liability company has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov .] | | |
| 8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY | | |
| <input checked="checked" type="checkbox"/> Date received (Upon filing) | | |
| <input type="checkbox"/> Effective date (which shall be a date certain) _____ | | |
| <i>Under penalty of perjury, I declare and affirm that I have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct.</i> | | |
| Name of Authorized Person David Paratore, Manager | Street Address 211 Touisset Road | |
| City/Town Warren | State RI | Zip Code 02885 |
| Signature of Authorized Person <small>DocuSigned by:</small>  | | Date October 25, 2023 |



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 25, 2023 12:43 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

