



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: GBC FOOD SERVICES, 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: TX Country: USA

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:

ARTICLE IV

The date of its organization is: 5/17/2011

ARTICLE V

The period of its duration is: Perpetual

ARTICLE VI

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

No. and Street: 47 WOOD AVE., SUITE 2

City or Town: BARRINGTON

State: RI Zip: 02806

Name: NORTHWEST REGISTERED AGENT LLC

Article VII

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

TO TRANSACT ANY AND ALL LAWFUL BUSINESS PERTAINING TO RESTURANT AND HOSPITALITY SERVICES

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: 14043 DISTRIBUTION WAY
City or Town: FARMERS BRANCH State: TX Zip: 75234 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 14043 DISTRIBUTION WAY
City or Town: FARMERS BRANCH State: TX Zip: 75234 Country: USA

ARTICLE XI

The limited liability company is to be managed by its Members* or X 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.**

The name and address of each manager:

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| MANAGER | KATIE AUNG | 14043 DISTRIBUTION WAY FARMERS BRANCH, TX 75234 USA |
| MANAGER | THEIN AUNG | 14043 DISTRIBUTION WAY, FARMERS BRANCH, TX 75234 USA |

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 15 Day of December, 2023 at 11:52:25 AM by the Authorized Person.

KATIE AUNG

Form No. 450
Revised 09/07

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Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for GBC Food Services, LLC (file number 801427033), a Domestic Limited Liability Company (LLC), was filed in this office on May 17, 2011.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 07, 2023.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State



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

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This legal document
should be typed.
All illegible
documents
will be REJECTED.

**Instructions for Filing
Application for Registration for a Foreign Limited Liability Company**

Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant statutory provision. This form and the information provided are not substitutes for the advice and services of an attorney and/or tax specialist.

All filings are public records under RIGL 38-2-1, et seq. This means all information is available to the public by a variety of methods including, without limitations, inspections at our office, telephone inquiries and electronically through our online database.

How to complete the form:

1. State the name of the limited liability company. It must match the name on your [Certificate of Good Standing/Letter of Status](#) from the state or country of formation, which must be attached to this form. Your entity name must be distinguishable from any name on file in this office. You may check [name availability](#) on our website; however, this does not ensure the name will still be available upon filing. If you are proposing a different name for transacting business in Rhode Island, you may write it in the second available space. In addition, check yes or no to indicate if this is a low-profit limited liability company.
2. State the state or country under whose laws the limited liability company was organized.
3. State the date the original Articles of Organization were filed in the state or country of formation. Check the appropriate box for the duration of the limited liability company. Check "date certain for dissolution" only if there is a designated dissolution date in the state of formation, otherwise, check "perpetual."
4. State the name of the resident agent. The resident agent is an individual or entity that will accept all legal service for this entity. The agent must be a Rhode Island resident or entity qualified to do business in this state. A Rhode Island street address is required, **NOT** a P.O. Box. In addition to all legal service of process, other important correspondence from the state will be sent to this address.
5. State the specific purpose(s) for transacting business in Rhode Island.
6. In the event that the resident agent cannot be contacted, the Department of State will accept legal service of process for the limited liability company.
7. State the office address required to be maintained in the state or country of formation.
8. State the mailing address for the limited liability company.
9. Indicate whether the limited liability company will be managed by its members or by one or more managers. If it will be managed by managers, list their names and respective addresses. **DO NOT** list members' names.
10. A [Certificate of Good Standing/Letter of Status](#) from the state or country of formation dated within 60 days of the date of this filing must accompany this application.
11. Check "Date received" unless you prefer that the Registration goes into effect at a later date than when it is received in this office. Any later date must be within 90 days of filing.
12. An Authorized Person **MUST** sign and date the form.

How to pay the filing fee:

The filing fee is payable either by mail via check made payable to RI Department of State or in person via cash, credit card, or check at the Business Services Division, 148 W. River Street, Ste. 1, Providence, RI 02904. Contact our office at (401) 222-3040 for further information.

How to confirm your filing:

Entity records are retrievable and viewable through our website. Successful filings will NOT result in a mailed confirmation. Filings that cannot be processed will be posted [online](#) and then returned. To confirm your submission and obtain evidence of your filing:

- Go to our [Corporate Database](#).
- Enter the name or ID number of your entity and click "Search."
- Click on the link to your entity record, scroll down, select "All Filings" and then "View Filing."
- Identify the desired type of filing and click on "PDF" under "View PDF" to view and print the record.

How to maintain your status:

The entity is responsible for filing an annual report each calendar year, excluding the year of incorporation, between February 1 and May 1. A courtesy reminder will be mailed to the registered agent prior to February 1 of each year. Be sure to follow up with your registered agent concerning the filing of this report. Failure to file an annual report or maintain a registered agent/office will result in revocation proceedings.

Every entity registered with the RI Department of State - Business Services Division will have filing requirements with the [Rhode Island Division of Taxation](#), even if no business is conducted within Rhode Island for a particular year. Your business may require additional licensing. Please visit our [website](#) for further information.



State of Rhode Island
Department of State - Business Services Division

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Instructions for Filing (continued)
Application for Registration for a Foreign Limited Liability Company

Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended.

Evidence necessary for businesses providing professional services:

Prior approval required for engineers:

If the entity is engaged in the practice of engineering, at the time of filing, evidence of a current application with the Rhode Island Department of Business Regulation, Board of Design Professionals (401) 462-9592 or bdp.ri.gov is required.

Professional liability insurance – all entities:

At the time of filing, the corporation is required to file a certificate showing the corporation has obtained insurance against any liability imposed by law upon the corporation or its employees arising out of the performance of professional services. See RIGL 7-5.1-8 for further information regarding the insurance exclusions and limits.

Licensing requirements – all entities:

If the entity is engaged in the practice of law, the applicant must apply for a limited liability entity license from the Rhode Island Supreme Court within thirty (30) days of filing with the Department of State. You may contact the Rhode Island Supreme Court Clerk's Office at (401) 222-3272 or courts.ri.gov.

If the entity is engaged in the practice of medicine (see RIGL 7-5.1-2 for all applicable disciplines) the applicant must apply for licensing from the Rhode Island Department of Health, Professional Regulation. You may contact the Rhode Island Department of Health at (401) 222-5960 or health.ri.gov.

If the entity is engaged in the practice of land surveying, architecture or landscape architecture, the applicant must apply for licensing from the Rhode Island Department of Business Regulation, Board of Design Professionals at (401) 462-9530 or bdp.ri.gov.

If the entity is engaged in the practice of accountancy, the applicant must apply for licensing from the Rhode Island Department of Business Regulation, Board of Accountancy at (401) 462-9500 or dbr.ri.gov.



State of Rhode Island
Department of State - Business Services Division

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

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: | | |
| GBC FOOD SERVICES, 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: | | |
| N/A | | |
| 2. The LLC is organized under the laws of: TEXAS | | |
| 3. The date of its organization is: 05/17/2011 | | |
| 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 Northwest Registered Agent LLC | | |
| Street Address (<u>NOT</u> a P.O. Box) 47 Wood Ave., Suite 2 | | |
| City/Town Barrington | State RHODE ISLAND | Zip Code 02806 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: | | |
| To transact any and all lawful 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

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

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:

14043 Distribution Way, Farmers Branch, TX 75234

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

14043 Distribution Way, Farmers Branch, TX 75234

9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**

Members (Owners) **OR** Manager(s). Complete the chart below.
DO NOT complete the chart below.

| | MANAGER(S) NAME | ADDRESS |
|---|-----------------|--|
| X | Katie Aung | 14043 Distribution Way, Farmers Branch, TX 75234 |
| | Thein Aung | 14043 Distribution Way, Farmers Branch, TX 75234 |

Check the box to indicate an attachment

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

Katie Aung

Date

12/07/2023

Signature of Authorized Person

DocuSigned by:



314755747907446

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.



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

Filer Contact Information

In the event our office needs more information in order to complete the filing of this document, we ask for the filer's contact information. **All fields are REQUIRED.**

| | | |
|--|--------------|-------------------------------|
| Name: McKayla Anderson | | Date: 12/07/2023 |
| Proposed Entity Name: GBC Food Services, LLC | | |
| Street Address: 300 Crescent Court, #200 | | |
| City: Dallas | State: TX | Zip Code: 75201 |
| Email Address: mckayla.anderson@blankrome.com | | Phone Number: 972-850-1471 |

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.



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:

December 15, 2023 11:51 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

