



**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: Blue Line Solutions, 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: TN 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: 03/05/2024

**ARTICLE IV**

The date of its organization is: 7/17/2012

**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 STE 2

City or Town: BARRINGTON

State: RI Zip: 02806

Name: RHODE ISLAND REGISTERED AGENT, LLC

**Article VII**

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

LAW ENFORCEMENT SUPPORT TECHNOLOGY

**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: 4409 OAKWOOD DRIVE  
City or Town: CHATTANOOGA State: TN Zip: 37416 Country: USA

**ARTICLE X**

The mailing address for the limited liability company is:

No. and Street: 4409 OAKWOOD DRIVE  
City or Town: CHATTANOOGA State: TN Zip: 37416 Country: USA

**ARTICLE XI**

The limited liability 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.**

The name and address of each manager:

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>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 5 Day of March, 2024 at 1:47:47 PM by the Authorized Person.**

BRIANNA MARCHANT

Form No. 450  
Revised 09/07

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**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**BRIANNA MARCHANT**  
4409 OAKWOOD DR  
CHATTANOOGA, TN 37416

March 5, 2024

**Request Type: Certificate of Existence/Authorization**

Request #: 0571858

Issuance Date: 03/05/2024

Copies Requested: 1

**Document Receipt**

Receipt #: 008732270

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3868979684

\$20.00

**Regarding: BLUE LINE SOLUTIONS LLC**

Filing Type: Limited Liability Company - Domestic

Control #: 691004

Formation/Qualification Date: 07/17/2012

Date Formed: 07/17/2012

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: HAMILTON COUNTY

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**BLUE LINE SOLUTIONS LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

**Verification #: 066079530**



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:

March 05, 2024 01:46 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

