	Filing Number: 202451049700	Date: 4/12/2024 4:07:00 PM
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	) State of Rho Office of the Secr Division Of Busin 148 W. Rive Providence RI ( (401) 222	retary of State ness Services er Street 02904-2615	24 А. В.
Foreign Limited Liz Application for Req (Section 7-48-49 of th		1956), as amended)	
	ARTICLE	I	
The name of the limi	ted liability company is: <u>Birds Nes</u>	st Italian Street Food LLC	2
	ctly as it appears in your state. If y ty Company, complete Article II. Ti d Liability Company.		· -
	ARTICLE	II	
The name, if different	, under which it proposes to regist	er and transact business	in Rhode Island is
<u>.</u>	ARTICLE		
The Limited Liability	Company is organized under the I	laws of: State: <u>MA</u> C	Country: USA
	tion for Registration is to become Application for Registration.	effective, not prior to, no	or more than 90 da
Later Effective Date:			
	ARTICLE	v	
The date of its organi	zation is: 12/11/2020		
	ARTICLE	v	
The period of its dura	tion is: <u>X</u> Perpetual		
	ARTICLE	//	
The address (post off Rhode Island:	ice box not acceptable) of the limi	ited liability company's r	esident agent in
No. and Street:	<u>183 HILL RD</u>		
Other an Taura	HARRISVILLE	State: RI	Zip: <u>02830</u>
City or Town: Name:	<u>SCOTT MARTIN</u>		

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	TO SELL FOOD FROM A FOOD TRUCK, AT SCHEDULED PERMITTED EVENTS.					
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.						
	e office required to be maintai liability company is organized		or other jurisdic	tion under the laws of		
No. and Street:	41 TIFFANY CIRCLE					
City or Town:	MILLBURY	State: MA	Zip: <u>01527</u>	Country: <u>USA</u>		
	AR					
The mailing address for the limited liability company is:						
No. and Street:	41 TIFFANY CIRCLE					
City or Town:	MILLBURY	State: MA	Zip: <u>01527</u>	Country: USA		
	AR					
The limited liabilty one)	y company is to be managed l	by its Membe	ers* or <u>X</u>	Managers (check		
section. <u>Only</u> con	to be managed by your MEMB nplete the following section if dress of each manager:					
	Individual Nam First, Middle, Last, Su			Fess State, Zip Code, Country		
Title		IE		NY CIRCLE IA 01527 USA		
Title	MICHAEL J LEVERON	I				

Signed this 7 Day of April, 2024 at 9:08:06 AM by the Authorized Person.

## MICHAEL J LEVERONE

Form No. 450 Revised 09/07

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**The Commonwealth of Massachusetts** Secretary of the Commonwealth State House, Boston, Massachusetts 02183

William Francis Galvin Secretary of the Commonwealth

## April 1, 2024

## TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

## BIRD'S NEST ITALIAN STREET FOOD LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on December 11, 2020.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: MICHAEL J LEVERONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: MICHAEL J LEVERONE

The names of all persons authorized to act with respect to real property listed in the most recent filing are: MICHAEL J LEVERONE



In testimony of which, I have hereunto affixed the Great Scal of the Commonwealth

on the date first above written.

William Themin Galein

Secretary of the Commonwealth

Processed By:mgc

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:

April 12, 2024 04:07 PM

Treng M. Course

Gregg M. Amore Secretary of State

