



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
MAY 16 PM 12:06:33

### 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:		
DFBY 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: Florida		
3. The date of its organization is: April 30, 2024		
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 Jon D. Lallo, Esq.		
Street Address (NOT a P.O. Box) 42 Granite Street		
City/Town Westerly	State RHODE ISLAND	Zip Code 02891
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Real Estate Investment		
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

**FILED**

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FORM 450 - Revised: 12/2023

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:  
 6597 Nicholas Boulevard, Apt. 1705, Naples, Florida 34108

8. The mailing address for the limited liability company is:  
 6597 Nicholas Boulevard, Apt. 1705, Naples, Florida 34108

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

☐ Members (Owners)  
 DO NOT complete the chart below.

OR

☒ Manager(s). Complete the chart below.

MANAGER(S) NAME	ADDRESS
Bruce T. Yarde	6597 Nicholas Boulevard, Apt. 1705 Naples, Florida 34108
Deborah F. Yarde	6597 Nicholas Boulevard, Apt. 1705 Naples, Florida 34108

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

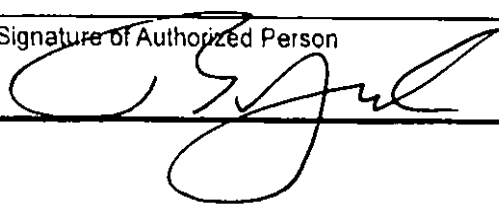
☒ Date received (Upon filing)

☐ 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  
 DFBY LLC

Date  
 4/9/2024

Signature of Authorized Person  
 4

# *State of Florida*

## *Department of State*

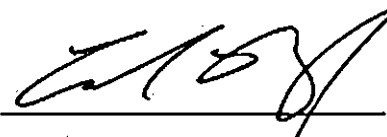
I certify from the records of this office that DFBY LLC is a limited liability company organized under the laws of the State of Florida, filed on April 30, 2024.

The document number of this limited liability company is L24000203839.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024 and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Thirteenth day of May, 2024*



  
*Secretary of State*

Tracking Number: 1591288484CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



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:

May 16, 2024 12:06 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*

