

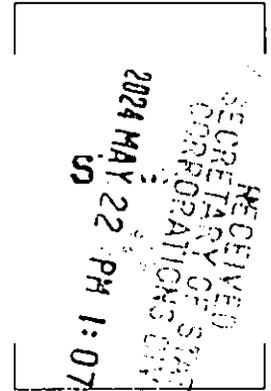


State of Rhode Island  
Department of State - Business Services Division

**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:		
Butterfly Realty 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:    July 6, 2009		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<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 ( <u>NOT</u> 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

**STAMP**  
**FILED**  
MAY 22 2024  
BY H6F9W  
*ADL*

FORM 450 - Revised 8-2023

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:

1350 Main Street, Unit 1506, Sarasota, Florida 34236-5633

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

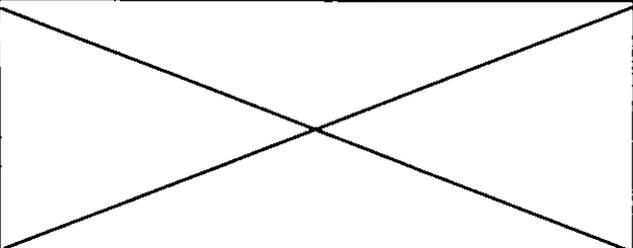
1350 Main Street, Unit 1506, Sarasota, Florida 34236-5633

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

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

OR

Managers (Individuals hired by the members with no ownership interest) Complete the chart below.

		MANAGER NAME	ADDRESS
		Kathy A. Romanella	1350 Main Street, Unit 1506
			Sarasota, Florida 34236-5633

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

Kathy A. Romanella

Date

12/28/2023

Signature of Authorized Person

*Kathy A Romanella*