| 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 | | | | | |
| 1636 (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: <u>CPAT Group LLC</u> | | | | | |
| 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 Rho | de Island is: | | | | |
| ARTICLE III | | | | | |
| The Limited Liability Company is organized under the laws of: State: CO 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: 05/29/2024 | | | | | |
| ARTICLE IV | | | | | |
| The date of its organization is: $11/21/2014$ | | | | | |
| ARTICLE V | | | | | |
| The period of its duration is: <u>X</u> Perpetual | | | | | |
| ARTICLE VI | | | | | |
| The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island: | | | | | |
| No. and Street: <u>22 GILBERT COURT</u> | | | | | |
| | 02864 | | | | |
| City or Town: CUMBERLAND State: RI Zip: (Name: MIKE BREEN | <u>72004</u> | | | | |
| Article VII | | | | | |

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

PROJECT MANAGEMENT SUPPORT AND CONSULTING

| 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: | 22 GILBERT COURT | | | | | |
| City or Town: | CUMBERLAND | State: <u>RI</u> | Zip: <u>02864</u> | Country: <u>USA</u> | | |
| ARTICLE X | | | | | | |
| The mailing address for the limited liability company is: | | | | | | |
| No. and Street: | 10865 RED SUN COURT | | | | | |
| City or Town: | HIGHLANDS RANCH | State: CO | Zip: <u>80126</u> | Country: <u>USA</u> | | |
| ARTICLE XI | | | | | | |
| The limited liabilty company is to be managed by its <u>X</u> Members* or <u>Managers</u> (check one) | | | | | | |
| * If you checked to be managed by your MEMBERS (<i>the owners</i>) DO NOT complete the following section. <u>Only</u> 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 | Addre | Add ess, City or Town, S | ress 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 28 Day of May, 2024 at 5:12:53 PM by the Authorized Person. | | | | | | |

CHRIS SCHWEIGHARDT

Form No. 450 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

CPAT Group LLC

is a

Limited Liability Company

formed or registered on 11/21/2014 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20141704588.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/23/2024 that have been posted, and by documents delivered to this office electronically through 05/28/2024 @ 12:28:39.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/28/2024 @ 12:28:39 in accordance with applicable law. This certificate is assigned Confirmation Number 16073450.



Secretary of State of the State of Colorado