

## Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL <u>7-16-49</u>, 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:

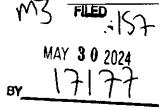
1. The name of the limited liability company is.					
&Partners, LLC					
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No X					
The name, if different, under which it proposes to register and transact business in Rhode Island is:					
2. The LLC is organized under the laws of. Tennessee					
3. The date of its organization is: 12/7/1995					
And the period of its duration is: CHECK ONE BOX ONLY					
X Perpetual (on-going)					
Date certain for dissolution					
4. The name and address of the resident agent/office in Rhode Island is:					
Agent Name C T Corporation System					
Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A					
City/Town East Providence	State RHODE ISLAND	Zip Code 02914	<u> </u>		
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
Investment Advisory Services					
		Check the box to indicate an atta	schment		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



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:					
40 Burton Hills Blvd., Suite 350 Nashville, TN 37215					
8. The mailing address for the limited liability company is:					
40 Burton Hills Blvd., Suite 350 Nashville, TN 37215					
9. Management of the Limited Liability Company: CHECK ONE BOX ONLY					
Members (Owners) $ m OR  imes Manager(s)$ . Complete the chart below. $ m DO \ NOT$ complete the chart below.					
	MANAGER(S) NAME	ADDRESS			
	Scott Nelson	40 Burton Hills Blvd., Suite 350, Nashville, TN 37215			
	Check the box to indicate an attachment				
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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					
X 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	Date				
Scott Nelson, Manager		May 28, 2024			
Signature of Authorized Person  SOFT PUSON					



## **Division of Business Services Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

**WOLTERS KLUWER** 

**WOLTERS KLUWER** 

600 SOUTH 2ND STREET SUITE 104

SPRINGFIELD, IL 62704

Request Type: Certificate of Existence/Authorization

Request #:

0584145

Issuance Date: 05/20/2024

Copies Requested:

**Document Receipt** 

Receipt #: 009008868

Filing Fee:

\$20.00

May 20, 2024

Payment-Credit Card - State Payment Center - CC #: 3874508312

\$20.00

Regarding:

&Partners, LLC

Filing Type:

Limited Liability Company - Domestic

Control #:

303919

Formation/Qualification Date: 12/07/1995

Date Formed:

12/07/1995

Status:

Active

**Duration Term:** 

Perpetual

Formation Locale: TENNESSEE

**Business County: DAVIDSON COUNTY** 

Inactive Date:

## 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.

## &Partners, 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.

Secretary of State

Processed By: Cert Web User

Verification #: 067646222