State of Rhode IslandFee: \$150.00Office of the Secretary of State					
Division Of Business Services 148 W. River Street					
Providence RI 02904-2615					
7636 (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>REAL ESTATE U ONLINE 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 Rhode Island is:					
ARTICLE III					
The Limited Liability Company is organized under the laws of: State: <u>NY</u> Country: <u>USA</u>					
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:					
ARTICLE IV					
The date of its organization is: $7/15/2013$					
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>47 WOOD AVE SUITE 2</u>					
City or Town: <u>BARRINGTON</u> State: RI Zip: <u>02806</u>					
Name: REGISTERED AGENTS INC					
Article VII					

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

ONLINE REAL ESTATE LICENSING EDUCATION

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:	418 BROADWAY, STE R					
City or Town:	ALBANY	State: <u>N</u>	<u>IY</u>	Zip: <u>12207</u>	Country: <u>USA</u>	
ARTICLE X						
The mailing address for the limited liability company is:						
No. and Street:	<u>47 WOOD AVE SUITE 2</u>					
City or Town:	BARRINGTON	State: <u>F</u>	<u> XI</u>	Zip: <u>02806</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		Addı	Addr ress, City or Town, S	ess tate, 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 10 Day of June, 2024 at 5:04:22 PM by the Authorized Person.

ROBIN JONES

Form No. 450 Revised 09/07

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	REAL ESTATE U ONLINE LLC
DOS ID Number:	4430701
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	07/15/2013
Statement Status:	CURRENT
Statement Due Date:	07/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on June 06, 2024 at 01:14 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C. Hughes

BRENDAN C. HUGHES Executive Deputy Secretary of State

Authentication Number: 100005866124 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <u>http://ecorp.dos.ny.gov</u>

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:

June 10, 2024 05:01 PM

Treng M. Course

Gregg M. Amore Secretary of State

