



**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
(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: NMC Fund I GP, LLC

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: DE 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:

ARTICLE IV

The date of its organization is: 10/24/2023

ARTICLE V

The period of its duration is: Perpetual

ARTICLE VI

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 225 DYER STREET

FLOOR 2

City or Town: PROVIDENCE

State: RI

Zip: 02903

Name: HAVELL RODRIGUES

Article VII

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

NMC FUND I GP HOUSES A PRIVATE EQUITY FUND THAT INVESTED IN SMALL BUSINESS ACQUISITIONS BY UNDERREPRESENTED ENTREPRENEURS. THE FUND'S PARENT COMPANY (NEW MAJORITY CAPITAL MANAGEMENT LLC) IS HEADQUARTERED IN RI AND HAS AN OFFICE IN PROVIDENCE. NMC FUND I GP WILL LIKELY ADMINISTER THE FUND OUT OF RI AND INVEST IN RI SMALL BUSINESSES. WE'D LIKE TO MAINTAIN AND OFFICE, EMPLOYEES AND ADMINISTER THE FUND OUT OF RI.

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: 651 N. BROAD STREET
SUITE 308
City or Town: MIDDLETOWN State: DE Zip: 19709 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 225 DYER STREET
FLOOR 2
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

ARTICLE XI

The limited liability company is to be managed by its X Members* or Managers (check one)

*** If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.**

The name and address of each manager:

Title	Individual Name	Address
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First, Middle, Last, Suffix

Address, City or Town, 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 16 Day of July, 2024 at 11:06:59 AM by the Authorized Person.

ELIZABETH LETAILLEUR

Form No. 450
Revised 09/07

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NMC FUND I GP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JUNE, A.D. 2024.



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SR# 20242840475

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203686850

Date: 06-11-24



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:

July 16, 2024 11:06 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

