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State of Rhode Island **Department of State - Business Services Division**

Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

1. The name of the limited liability of	ompany is:			
LEXICO, LLC				
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No				
The name, if different, under which	it proposes to register and transac	t business in Rhode Island is:		
2. The LLC is organized under the I	aws of:			<u> </u>
3. The date of its organization is: 0)5/15/2017			
And the period of its duration is: Cl	HECK ONE BOX ONLY			
X Perpetual (on-going)				
Date certain for dissolution				
4. The name and address of the re-	sident agent/office in Rhode Island	lis:		
Agent Name CT Corporation System	m			
Street Address (NOT a P.O. Box)	50 Veterans Memorial Parkway, Suite	:7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914		
5. The purpose or purposes which PERFORMING EMERGENCY RESI	it proposes to pursue in the transa CONDER RADIO COVERAGE SYST	ction of business in Rhode Island a TEM INSTALLATION.	ire:	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2815 Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 450 - Revised: 12/2023

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:						
7413 SIX FORKS RD #137, RALEIGH, NC 27615						
8. The mailing address for the limited liability company is:						
7413 SIX FORKS RD #137, RALEIGH, NC 27615						
9. Management of the Limited Liability C	9. Management of the Limited Liability Company: CHECK ONE BOX ONLY					
Members (Owners) OR Manager(s). Complete the chart below. DO NOT complete the chart below.						
	MANAGER(S) NAME	ADDRESS				
		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						
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				
LEXICO, LLC		7/16/2024				
Signature of Authorized Person						

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

LEXICO, L.L.C.

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 15th day of May, 2017

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

Certification# 120624038-1 Reference# 21698217- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 16th day of July, 2024.

Elaine I. Marshall

Secretary of State