



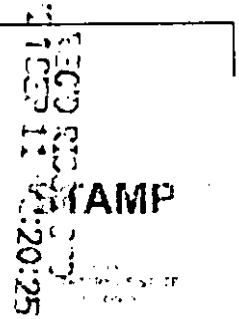
State of Rhode Island

## Department of State - Business Services Division

## Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL 7-16-49, 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:                                                                                                     |                              |                   |
| Aline Ops, LLC                                                                                                                                       |                              |                   |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No <input checked="" type="checkbox"/> |                              |                   |
| 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: Delaware                                                                                                  |                              |                   |
| 3. The date of its organization is: 10/18/2019                                                                                                       |                              |                   |
| And the period of its duration is: <b>CHECK ONE BOX ONLY</b>                                                                                         |                              |                   |
| <input checked="" type="checkbox"/> 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<br>East Providence                                                                                                                         | State<br><b>RHODE ISLAND</b> | Zip Code<br>02914 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:<br>Software company                       |                              |                   |
| Check the box to indicate an attachment                                                                                                              |                              |                   |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED 2:20

SEP 11 2024

BY NVF22

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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:

300 E. Market St, Suite 200, Louisville, KY 40202

8. The mailing address for the limited liability company is:

300 E. Market St, Suite 200, Louisville, KY 40202

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

By its members (If you have checked this box, **DO NOT** fill out the chart below)

☒ By one (1) or more managers (List managers below)

| MANAGER       | ADDRESS                                           |
|---------------|---------------------------------------------------|
| Jeremy Burtel | 300 E. Market St, Suite 200, Louisville, KY 40202 |
|               |                                                   |
|               |                                                   |
|               |                                                   |

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status 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<br>Aline Ops, LLC | Date<br>08/30/2024 |
|---------------------------------------------|--------------------|

Signature of Authorized Person

KARA KOROSEC, MANAGER

*Kara Korosec*

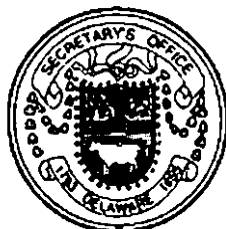
# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALINE OPS, 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 THIRD DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



7661617 8300

SR# 20243576824

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 204292205

Date: 09-03-24



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:

September 11, 2024 02:20 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

