



**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: Vendor Information Verification Experts, 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: MI 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: 09/23/2024

**ARTICLE IV**

The date of its organization is: 12/22/2014

**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:      47 WOOD AVE SUITE 2

City or Town:      BARRINGTON

State: RI      Zip: 02806

Name:      REGISTERED AGENTS INC

**Article VII**

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

VIVE IS A ONLINE PLATFORM FOR VENDOR COMPLIANCE. THE PURPOSE FOR TRANSACTING BUSINESS IN RHODE ISLAND IS SIMPLY THAT WE HAVE EMPLOYED A SALES REPRESENTATIVE IN THE STATE OF RHODE ISLAND.

#### 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: 6190 TAYLOR DRIVE, SUITE B

City or Town: FLINT

State: MI Zip: 48507 Country: USA

#### ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 6190 TAYLOR DRIVE, SUITE B

City or Town: FLINT

State: MI Zip: 48507 Country: USA

#### ARTICLE XI

The limited liability company is to be managed by its    Members\* or   X   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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JOSEPH BUSHEY	6190 TAYLOR DRIVE, SUITE B FLINT, MI 48507 USA

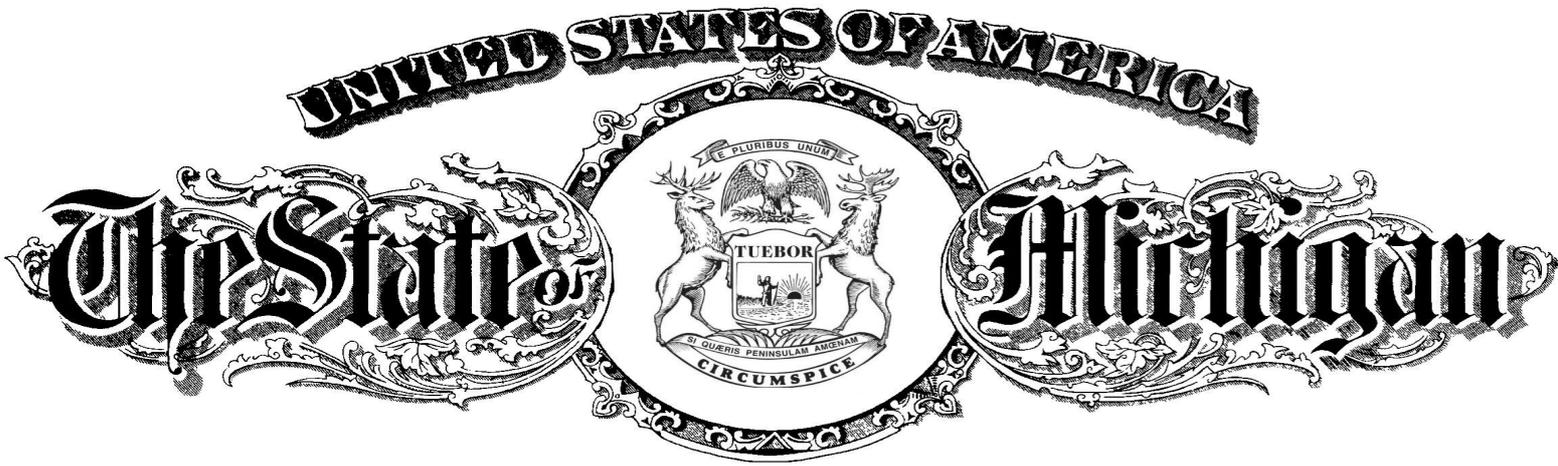
*This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

**Signed this 24 Day of September, 2024 at 1:33:45 PM by the Authorized Person.**

**JOSEPH M BUSHEY**

Form No. 450  
Revised 09/07

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**Department of Licensing and Regulatory Affairs**  
Lansing, Michigan

*This is to Certify That*

**VENDOR INFORMATION VERIFICATION EXPERTS LLC**

*was validly authorized on December 22 , 2014, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 23rd day of September , 2024.*

*Linda Clegg, Director*

*Corporations, Securities & Commercial Licensing Bureau*

*Sent by electronic transmission*

Certificate Number: 24090541207

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.



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 23, 2024 01:55 PM

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

Gregg M. Amore  
*Secretary of State*

