RI SOS Filing Number: 202460351720 Date: 9/27/2024 12:02:00 PM



State of Rhode Island Department of State - Business Services Division

Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation

| 713 | |
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| 3.7.2 | e e e e e e e e e e e e e e e e e e e |
| ş. 4 p4 | - •• |

Pursuant to the applicable provisions of RIGL Title 7, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

| 3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY) Limited Liability Company | Entity ID Number: | 2. The full name of the ent | ity filing this application is: | |
|---|---|-------------------------------|--|-------------------|
| Limited Liability Company | 001657693 | WAVETRONIX LL | C | |
| Limited Partnership Limited Liability Partnership 4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY) Limited Liability Company (RIGL 7-16-52.1) Business Corporation (RIGL 7-1.2-1411.1) Non-Profit Corporation (RIGL 7-6-80.1) Limited Partnership or Limited Liability Limited Partnership (RIGL 7-13.1-1009) 5. The date the applicant qualified to conduct business in Rhode Island is: 10-26-2015 Revada 7. The name of the entity following the transfer of authority is: Nevada 8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY Application for registration for a Limited Liability Company Application for certificate of authority for a Business Corporation Application for certificate of authority for a Non-Profit Corporation Statement of registration for a Limited Partnership Statement of registration for a registered Limited Liability Partnership 9. This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good | 3. The applicant is a duly qualified | foreign: (CHECK ONE BO | X ONLY) | , |
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| WAVETRONIX LLC 8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY ✓ Application for registration for a Limited Liabilty Company ☐ Application for certificate of authority for a Business Corporation ☐ Application for certificate of authority for a Non-Profit Corporation ☐ Statement of registration for a Limited Partnership ☐ Statement of registration for a registered Limited Liability Partnership 9. This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good | 10-26-2015 | | Nevada | |
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| Statement of registration for a registered Limited Liability Partnership 9. This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good | l — `` | • | prporation | SILD |
| 9. This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good | Statement of registration for | a Limited Partnership | | |
| | Statement of registration for | a registered Limited Liabilit | y Partnership | |
| Standing/Legal Existence from the current jurisdiction of the entity. | 9. This Transfer of Authority and a | pplicable Application/Certifi | cate/Notice must be accompanied by a Certificate | of Good |
| | Standing/Legal Existence from the | e current jurisdiction of the | entity. | <u></u> |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILEC

SEP 27 2024

FORM 612 - Revised 01/2024

| 10. TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for ing any accompanying attachments, and that all statements contained herein are true and contained is authorized to sign this certificate on behalf of the entity set forth above. | | |
|---|------------------|--|
| Type or Print Name of Limited Liability Company | · · | |
| WAVETRONIX LLC | | |
| Signature of Authorized Person | Date | • • • • |
| Ahay P. Coneau | 9/12/2024 | 5 #5: |
| Signature of Authorized Person | Date | |
| | | , |
| Type or Print Name of Corporation | | econo economical economica economica economica economica economica economica economica economica economica economica economica economica economica economica economica economica economica |
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| Signature of Authorized Person | Date | |
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| Type or Print Name of Partnership Signature of Partner | Date | प्रसीत है। |
| | Date | उसी है। १९ g |
| Signature of Partner | Date Date | हरी है के 18 g |
| | | हर्सम् विकास १९ g |
| Signature of Partner Signature of Partner | Date | हरी है के 18 g |
| Signature of Partner | | हरीय है के 18 g |
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| Signature of Partner Signature of Partner Signature of Partner Type or Print Name of Other Entity Signature of Authorized Person | Date Date Date | हर्सम् है दे १९ g |
| Signature of Partner Signature of Partner Signature of Partner Type or Print Name of Other Entity | Date Date | हरीय है के 18 g |

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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 27, 2024 12:02 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

