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: MKR COMMERCIAL, 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: <u>NY</u> Country: <u>USA</u>			
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: $11/16/2001$			
ARTICLE V			
The period of its duration is: <u>X</u> Perpetual			
ARTICLE VI			
The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:			
No. and Street: <u>222 JEFFERSON BOULEVARD</u>			
	(ip: <u>02888</u>		
Name: COGENCY GLOBAL INC			
Article VII			

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

REAL ESTATE HOLDING COMPANY

	ARTICLE VI	II	
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: City or Town:	<u>700 TROY SCHENECTADY RD</u> <u>LATHAM</u>	State: <u>NY</u> Zip: <u>12110</u> Country: <u>USA</u>	
ARTICLE X			
The mailing address for the limited liability company is:			
No. and Street:	700 TROY SCHENECTADY RD		
City or Town:	LATHAM	State: <u>NY</u> Zip: <u>12110</u> Country: <u>USA</u>	
ARTICLE XI			
The limited liabilty company is to be managed by its <u>Members</u> or <u>X</u> Managers (check one)			
* If you checked to be managed by your MEMBERS (<i>the owners</i>) DO NOT complete the following section. <u>Only</u> 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	MICHELE MCCABE	700 TROY SCHENECTADY RD LATHAM, NY 12110 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 15 Day of October, 2024 at 11:58:06 AM by the Authorized Person.

MILENA VORNDRAN

Form No. 450 Revised 09/07

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	MKR COMMERCIAL, LLC
DOS ID Number:	2700155
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	11/16/2001
Statement Status:	CURRENT
Statement Due Date:	11/30/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 03, 2024 at 05:08 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C. Hughes

BRENDAN C. HUGHES Executive Deputy Secretary of State

Authentication Number: 100006701362 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <u>http://ecorp.dos.ny.gov</u>