RI SOS Filing Number: 202460705640 Date: 10/18/2024 11:45:00 AM

State of Rhode Island		32
Department of State - Business Services	Division	1.1. DEP 2024 OCT
Application for Registration		CI SEPT
FOREIGN Limited Liability Company		그 <u> </u>
→ Filing Fee: \$150.00		> <u>5</u> 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
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Pursuant to the provisions of RIGL 7-16-49, the undersigned for a Certificate of Registration to transact business in purpose submits the following statement:		
1. The name of the limited liability company is:		
R3 APPRAISAL MANAGEMENT, LLC	 -	
Is this company organized in its state or country of formation	as a low-profit limited liability of	company? Yes No 🗹
The name, if different, under which it proposes to register and	d transact business in Rhode Is	sland is:
2. The LLC is organized under the laws of: NEVADA		
3. The date of its organization is: 08/12/2015		
And the period of its duration is: CHECK ONE BOX ONLY		
Perpetual (on-going)		
Date certain for dissolution		
4. The name and address of the resident agent/office in Rhoo	de Island is:	
Agent Name URS AGENTS, LLC		
Street Address (NOT a P.O. Box) 222 JEFFERSON BLVD STE	200	
City/Town WARWICK	State RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it proposes to pursue in the	e transaction of business in Rh	node Island are:

MAIL TO:

Real Estate

Division of Business Services

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

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

Check the box to indicate an attachment [

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FORM 450 - Revised: 08/2020

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any time, there is no resident agent or if diligence.	nted the agent of the foreign limited liability company for service of process if, at if the resident agent cannot be found or served following the exercise of reasonable
7. The address of the office required to t	be maintained in the state or country of its organization by the laws of that state or,
	or the loreign limited hability company is:
9053 S. PECOS RD STE 2910 HENDERSON	N, NV 89074
8. The mailing address for the limited lial	bility company is:
9053 S. PECOS RD STE 2910 HENDERSON	
9. Management of the Limited Liability Co	ompany:
The Limited Liability Company is to be m	nanaged by: CHECK ONLY ONE BOX
By its members (If you have checke	ed this box, go to Section 9. (DO NOT fill out the chart below.)
By one (1) or more managers (List n	
MANAGER	ADDRESS
- · · · · · · · · · · · · · · · · · · ·	
This application must be accompanied formation dated within 60 days of the date	d by a Certificate of Good Standing/Letter of Status from the state or country of e of filing.
11. Date when this application for Certifica	ate of Registration will be effective: CHECK ONE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no	o more than 90 days from the date of filing)
Under penalty of perjury, I declare and affi	firm that I have examined this Application for Registration, including any statements contained herein are true and correct.
Type or Print Name of LLC	Date.
R3 Apperisal M	MANAgement LCC 9-25-2029
Signature of Authorized Person /	
May Junky	
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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **R3 APPRAISAL MANAGEMENT, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 08/12/2015, and in good standing in this State.

Certificate Number: B202409274998909

You may verify this certificate

online at https://www.nvsilverflume.gov/home

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 09/27/2024.

Tqular

FRANCISCO V. AGUILAR

Secretary of State

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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:

October 18, 2024 11:45 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

