

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: MMBrodie MA 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: MA 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: 12/20/2024

ARTICLE IV

The date of its organization is: 11/12/2024

ARTICLE V

The period of its duration is: X 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: <u>02806</u>

Name: NORTHWEST REGISTERED AGENT LLC

Article VII

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

FOOD TRUCK BUSINESS

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: 108 MILK STREET

City or Town: WESTBOROUGH State: MA Zip: 01581 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: <u>108 MILK STREET</u>

City or Town: WESTBOROUGH State: MA Zip: 01581 Country: USA

ARTICLE XI

The limited liabilty 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. <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	PETER SZTANKOVITS	108 MILK STREET WESTBOROUGH, MA 01581 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 20 Day of December, 2024 at 10:21:40 AM by the Authorized Parson

MATTHEW T. KELLEY
Form No. 450 Revised 09/07
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filed in this office by I hereby certify that a certificate of organization of a Limited Liability Company was

MMBRODIE MA LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on November 12, 2024.

certificate of cancellation; that there are no proceedings presently pending under the dissolution; and that said Limited Liability Company is in good standing with this office paid all fees with respect to such reports; that said Limited Liability Company has not filed a Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's I further certify that said Limited Liability Company has filed all annual reports due and

SZTANKOVITS I also certify that the names of all managers listed in the most recent filing are: PETER

office and listed in the most recent filing are: PETER SZTANKOVITS I further certify, the names of all persons authorized to execute documents filed with this

listed in the most recent filing are: PETER SZTANKOVITS I also certify that the names of all persons authorized to act with respect to real property



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Trans Gallein

Processed By:HN