



**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: Spawn Point Technologies 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: WY 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: 12/31/2024

**ARTICLE IV**

The date of its organization is: 10/29/2024

**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: 202 RIDGE DR.

City or Town: EXETER

State: RI

Zip: 02822

Name: DANIEL COTTRELL

**Article VII**

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

CONSULTING SERVICE RELATED TO TECHNOLOGY AND ENGINEERING IN THE FIELDS OF

AEROSPACE, MARITIME AND OTHER VEHICLE DEVELOPMENT INDUSTRIES.

THESE SERVICES

DO NOT REQUIRE CERTIFICATION AS A PROFESSIONAL ENGINEER AS THIS IS NOT STANDARD IN THOSE INDUSTRIES NOR DO CUSTOMERS REQUIRE IT. THIS IS

PRIMARILY

RESEARCH AND DEVELOPMENT OF DRONE SYSTEMS AND RELATED COMPONENTS.

#### 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: REGISTERED AGENTS INC.

30N GOULD ST. STE R

City or Town: SHERIDAN

State: WY

Zip: 82801

Country: USA

#### ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 202 RIDGE DR.

City or Town: EXETER

State: RI

Zip: 02822

Country: USA

#### ARTICLE XI

The limited liability company is to be managed by its X Members\* or \_\_\_ 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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-------|------------------------------------------------|------------------------------------------------------------|
|-------|------------------------------------------------|------------------------------------------------------------|

*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 31 Day of December, 2024 at 10:35:39 AM by the Authorized Person.**

DANIEL B COTTRELL

Form No. 450  
Revised 09/07

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**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION

**Spawn Point Technologies LLC**

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **29th** day of **October, 2024** at **10:05 AM**.

Remainder intentionally left blank.



Filed Date: 10/29/2024

A handwritten signature in cursive script that reads "Chuck Gray". The signature is written in black ink and is positioned above a horizontal line.

Secretary of State

Filed Online By:

Courtney Dickey on behalf of  
ZenBusiness Inc.  
on 10/29/2024



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:

December 31, 2024 10:35 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

