RI SOS Filing Number: 202563953920 Date: 2/4/2025 3:14:00 PM



# 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: SPRAY TRAILS, 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: TX 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:

#### **ARTICLE IV**

The date of its organization is: 1/1/2025

### **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: 36 WASHINGTON SQUARE

City or Town: NEWPORT State: RI Zip: 02840

Name: MICHAEL J. RICHARDS

#### **Article VII**

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

## REAL ESTATE MANAGEMENT

#### **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:

24800 I-45, STE. 100

City or Town:

WOODLANDS

State: <u>TX</u> Zip: <u>77386</u>

Country: USA

#### **ARTICLE X**

The mailing address for the limited liability company is:

No. and Street:

24800 I-45, STE 100

City or Town:

WOODLANDS

State: <u>TX</u> Zip: <u>77386</u>

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. Only complete the following section if you checked to be managed by MANAGERS.

The name and address of each manager:

Title	Individual Name	Address
	First, Middle, Last, Suffix	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 4 Day of February, 2025 at 3:16:45 PM by the Authorized Person.

/S/JOHN HAGERMAN

Form No. 450 Revised 09/07
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# Office of the Secretary of State

# **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Spray Trails, LLC (file number 805831608), a Domestic Limited Liability Company (LLC), was filed in this office on December 18, 2024.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: January 01, 2025

It is further certified that our records indicate JOHN D HAGERMAN as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

24800 INTERSTATE 45, SUITE 100

SPRING, TX - 77386 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 31, 2025.



gove Helson

Jane Nelson Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5 Prepared by: SOS-WEB TID: 10268 Dial: 7-1-1 for Relay Services Document: 1448572430002 RI SOS Filing Number: 202563953920 Date: 2/4/2025 3:14:00 PM



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:

February 04, 2025 03:14 PM

Gregg M. Amore Secretary of State

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