Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:	
The name of the limited liability company is:	
M3, LLC	

2. The LLC is organized under the laws of: Delaware 3. The date of its organization is: 12/26/2023 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 Rhode Island is: Agent Name Cogency Global Inc. Street Address (NOT a P.O. Box) 222 Jefferson Boulevard City/Town Warwick State RHODE ISLAND 5. The purpose or purposes which it proposes to pursue in the transaction of business in R Any legal purpose - Software and related services	tsland is:
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5. The purpose or purposes which it proposes to pursue in the transaction of business in R	d
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	Rhode Island are:
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	box to indicate an attachment

MAIL TO:

Division of Business Services

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

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

FORM 450 Revise

6. The RI 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.				
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:				
1715 N. Brown Rd, Bldg. A, Suite 200, Lawrenceville, GA 30043				
8. The mailing address for the limited liability company is:				
1715 N. Brown Rd, Bldg. A, Suite 200, Lawrenceville, GA 30043				
9. Management of the Limited Liability Company: CHECK ONE BOX ONLY				
Members (Owners) OR Manager(s). Complete the chart below. DO NOT complete the chart below.				
	MANAGER(S) NAME	ADDRESS		
		Check the box to indicate an attachment		
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.				
11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY				
Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of LLC	Date			
M3, LLC		MAY 15, 2025		
Signature of Authorized Person				

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Delaware The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "M3, LLC" IS DULY FORMED UNDER THE
LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF
THE TWENTY-THIRD DAY OF MAY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "M3, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2824509 8300 SR# 20252606189 Charuni Patibanda-Sanchez, Secretary of State
Authentication: 203772211

C. G. Sanchez

Date: 05-23-25