

State of Rhode Island Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
000573898	MARCHON PARTNERS, LLC	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: <u>Bogdan Anderko</u>

Business Name:

No. and Street: $\underline{5814}$ NE 4th Ct Apt $\underline{6}$

City or Town: miami State: FL Zip: 33137 Country: USA

Contact Phone: ext:

Contact Email: rigalij@gmail.com

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