

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: MK Sharp 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: PA 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: 6/24/2022

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: 700 NARRAGANSETT PARK DR

STE 100

City or Town: PAWTUCKET State: RI Zip: 02861

Name: <u>REGISTERED AGENTS INC</u>

Article VII

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

POWER LINE REPAIR

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: 32 N CANNON AVENUE

City or Town: <u>LANSDALE</u> State: <u>PA</u> Zip: <u>19466</u> Country: <u>USA</u>

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: PO BOX 290

City or Town: HORSHAM State: PA Zip: 19044 Country: USA

ARTICLE XI

The limited liabilty company is to be managed by its <u>X</u> Members* or <u>___ Managers</u> (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	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 30 Day of July, 2025 at 1:32:11 PM by the Authorized Person.

GARY GORDON	
Form No. 450 Revised 09/07	
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Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: MK SHARP LLC

Request Type: Subsistence Certificate Issuance Date: July 22, 2025

Request No.: 060737420 **File No.:** 0007556666

Receipt No.: 001942577

Filing Type: Domestic Limited Liability

Company

Filing Subtype: Limited Liability Company

Initial Filing Date: June 24, 2022

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

MK SHARP LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Secretary of the Commonwealth

Men Sehmi

Verify this certificate online at www.file.dos.pa.gov