

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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Pursuant to the provisions of RIGL <u>7-16-49</u>, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

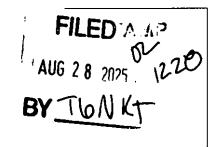
1. The name of the limited liability compa	1. The name of the limited liability company is:				
3E Capital LLC					
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No					
The name, if different, under which it pro	poses to register and transact t	ousiness in Rhode Island is:			
	_				
The LLC is organized under the laws of: Nevada					
3. The date of its organization is: 06/03/2024					
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 Parasearch Inc.					
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Blvd.					
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
Mortgage Lending					
		Check the box to indicate	₃ an attachment 🔲		

MAIL TO:

Division of Business Services

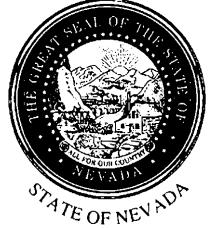
148 W. River Street, Providence, Rhode Island 02904-2615

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



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:				
6272 Spring Mountain , Suite 110, Las Vegas, NV 89146				
8. The mailing address for the limited liability company is:				
6272 Spring Mountain , Suite 110, Las Vegas, NV 89146				
9. Management of the Limited Liability C	ompany: CHECK ONE BOX O	NLY		
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 Certificate of Good Standing/Letter of Status from the state or country of				
formation dated within 60 days of the dat				
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		
3E Capital LLC		08/25/2025		
Signature of Authorized Person				
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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **3E CAPITAL LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 06/03/2024, and in good standing in this State.

Certificate Number: B202508276031261

You may verify this certificate

online at https://www.nvsilverflume.gov/home

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 08/27/2025.

FRANCISCO V. AGUILAR Secretary of State